

Applicant: This form is to be mailed to the NCCAA for completion. You may prefer to contact the NCCAA to request that an electronic verification to be sent to the Nevada State Board of Medical Examiners.

FORM 2

NEVADA STATE BOARD OF MEDICAL EXAMINERS NCCAA CERTIFICATION

National Commission for Certification
Of Anesthesiologist Assistants
8459 US 42 #160
Florence, KY 41042
(859) 903-0089
www.nccaatest.org

Part 1 – to be completed by applicant

I, _____ am in the process
(Name of Applicant)

of applying for Anesthesiologist Assistant licensure in the state of Nevada and hereby authorize release of the following information directly to the Nevada State Board of Medical Examiners.

(Signature of Applicant)

Part 2 – to be completed by NCCAA and returned directly to the Nevada State Board of Medical Examiners

I, the undersigned, certify that _____
(Name Of Applicant)

was granted initial certification by the National Commission for Certification of Anesthesiologist Assistants on:

Date Issued _____

Certificate Number _____.

The above certificate is: _____ current, in good standing _____ not current.

Expiration date of current certification: _____.

Signature of certifying individual: _____

Print name: _____

Title: _____

Date: _____

Email: _____

AFFIX BOARD SEAL HERE

Completed form is to be returned by the verifying institution directly to:

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, NV 89521
(775) 688 – 2559
nsbme@medboard.nv.gov