

Applicant: This form is to be mailed to the NCCPA for completion. You may prefer to contact the NCCPA 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 NCCPA CERTIFICATION

National Commission on Certification
Of Physician Assistants, Inc.
12000 Findley Rd., Ste 100
Johns Creek, GA 30097
(678) 417-8100
www.nccpa.net

Part 1 – to be completed by applicant

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

of applying for physician 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 NCCPA 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 of Certification of Physician 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