

Certification of Completion of Physician Assistant Education

This form may be used in lieu of transcripts to document completion of an approved PA program. It must be completed by an official representative of the school and bear the school's official seal. Additionally, it must be sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. If the form is presented to DOPL unsealed, it will be rejected.

APPLICANT INFORMATION

To be completed by the applicant.

Full Legal Name: _____
First Middle Last

Mailing Address: _____
Street/PO Box City State/Zip

EDUCATION

To be completed by the Accredited Physician Assistant Program Official Representative

Name of Institution: _____

Institution Address: _____
Street/PO Box City State/Zip

Telephone Number _____ **Email:** _____

Accrediting Body: _____ **Accreditation Date:** _____

I attest that the above named applicant attended this physician assistant program from:

Start Date: _____ End Date: _____
MM/DD/YYYY MM/DD/YYYY

and graduated on: _____
MM/DD/YYYY

Signature of Official Program Representative: _____

Printed Name: _____ **Title:** _____

Signed and the school seal affixed this _____ day of _____, 20_____.

{School Seal}