

Wisconsin Department of Safety and Professional Services

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MEDICAL EXAMINING BOARD

REQUEST FOR NATIONAL EXAMINATION SCORES

APPLICANT: PLEASE COMPLETE THIS FORM AND FORWARD TO:

NATL COMM CERT OF PHYS ASSTS
12000 FINDLEY RD STE 100
JOHNS CREEK GA 30097
PHONE: (678) 417-8100
FAX: (678) 417-8135
WEB SITE: www.nccpa.net
E-MAIL: nccpa@nccpa.net

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Street) (City) (State) (Zip)

I authorize the National Commission on Certification of Physician Assistants to release to the Wisconsin Medical Examining Board all of the information requested below. I recognize that it is my responsibility to apply for the next available NCCPA examination and failure to appear for this examination will result in termination of my temporary certificate.

APPLICANT'S SIGNATURE

DATE

ATTENTION: National Commission on Certification of Physician Assistants.
PLEASE MAIL THE INFORMATION BELOW TO THE FOLLOWING ADDRESS:

- Scores and Date of National Examination.
- Pass/Fail Status.
- Historical record of all examinations written, including scores and dates.
- National certifying certificate number and status of this certificate.

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