

Application for a Physician Assistant Full License with FCVS

| Item Needed | Instructions | Completed |
|--------------------------------------|--|-----------|
| PA Reference Forms | Three recent (no older than six months) references required. Each must be completed in full with an original signature and date. At least one reference form must be from a physician with whom you have worked or trained regarding your competence to practice as a PA. Two reference forms must be completed by peers (coworker, professor, preceptor, physician) and must be someone with whom you have worked or trained. References must be able to evaluate your academic competence, clinical skills and character as a physician assistant. References cannot be from relatives or fellow students. Send the reference forms to the references. | |
| Education Verification | Provided by FCVS | |
| Citizenship | Provided by FCVS | |
| Applicant's Oath | Complete, have notarized and send the original form to the NCMB. | |
| Authority for Release of Information | Complete, sign/date and send the original form to the NCMB. The Board cannot send for your background check report without this form. | |
| Federation of State Medical Boards | Provided by FCVS | |
| Fingerprint Cards (2) | Complete two fingerprint cards and return the two completed fingerprint cards to the NCMB along with the Authority for Release of Information Form. | |
| NCCPA verification | Provided by FCVS | |
| Name Change Documentation | Provide copies to the NCMB of your marriage, divorce, adoption, legal name change certificates, if applicable. | |