Physician Assistant On-Line Application Forms Check List

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. **Please send the reference forms to the references.**	
Physician Assistant Program Certification Form	Dean or other medical school official (program director) must complete the certification form and sign/date. PA program or school seal must be affixed over the photograph. The original form must be returned to the NCMB. **Please send the form to the PA school.**	
License Verification Form	Complete top portion of form and send to each state licensing agency where you have held or currently hold a PA license. **Please send the form to the state licensing agency.**	
State of Connecticut	Applicable only if you have been or are currently licensed in the state of Connecticut. **Please send the form to the State of Connecticut.**	
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.** We cannot send for your background check report without this form.	
Federation of State Medical Boards	Complete form and **fax or mail the form to the Federation of State Medical Boards (FSMB).** Address is listed on form.	
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 Authorization for Release of Information	Complete form and **send to NCCPA.** NCCPA's address is on the bottom of the form. Request that NCCPA send the certification **exam results** verification letter to the NCMB (Section 3).	
CME Summary Log	Send the NCCPA CME Summary Log (with your name typed directly on the summary page by NCCPA) to the NCMB or use the hand written form including your CME for the past two years. This requirement is non-applicable for PAs who graduated within the past two years. If you are currently certified by NCCPA, you will be deemed in compliance with the requirement of PA Rule 21 NCAC 32S.0216 and will not be required to submit your CME.	
Name Change Documentation	Provide copies to the NCMB of your marriage, divorce, adoption, legal name change certificates, if applicable.	

Please have the completed, original forms sent to the NCMB. Copies and faxes are not accepted. Some of these requirement instructions do not apply for Reactivation, Reinstatement and FCVS applications. Please check the requirements listed separately for each application on the web site, www.ncmedboard.org. Thank you.