



NCCPA Certification Verification and Exam History

PA Licensure

Revised 06/2024

INSTRUCTIONS TO APPLICANT: Complete UPPER portion of form and send directly to the National Commission on Certification of Physician Associates (NCCPA). NCCPA is to complete LOWER portion of the form and return **DIRECTLY** to the OREGON MEDICAL BOARD.

Last Name	First Name	Middle Name
Other Names you have been known by		Date of Birth (mm/dd/yy)
		Last 4 Digits of Social Security Number

I authorize the release of any information, favorable or otherwise regarding myself to the Oregon Medical Board. By signing this document, I release the program and its representatives of liability for providing information to the Board.

Signature: _____ Date: _____

Send form to: **National Commission on Certification of Physician Assistants**
12000 Findley Road, Suite 200
Johns Creek, GA 30097

Phone: (678) 417-8100
www.nccpa.net

INSTRUCTIONS TO NCCPA: Please complete this form, sign and return it to the Board at the address below in an institution envelope.
Faxed responses will NOT be accepted.

National Certificate Number: _____	
Original Issue Date: _____	Previous Certificate Number (if applicable): _____
Remains Valid Until: _____	Previous Certificate Expired Date: _____
Current Status: _____	

Number of times NCCPA exam taken: _____ Number of times failed NCCPA exam: _____

Exam Attempts				
Date	Exam Type	Score	Minimum Passing Score	Pass/Fail

Comments:

Signature of Official _____
Print Name _____ Date _____
Title _____
Phone Number _____
E-mail _____

Affix Seal Here