



**DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH
HEALTH PROFESSIONAL LICENSING ADMINISTRATION
BOARD OF PHYSICIAN ASSISTANT**

To expedite the processing of your **NEW LICENSE APPLICATION** be sure to follow the instructions carefully before mailing your application package. It is important to send in all the required supporting documents listed below based on the method by which you are applying: Please indicate the supporting documents you have included with this package.

PHYSICIAN ASSISTANT

Checklist of Supporting Documents required

- ④ A complete signed application for DC License.
- ④ Two (2) recent passport photos (2" X 2")
- ④ Social Security Number or a Sworn Affidavit
- ④ Name Change Documents
- ④ Three Character Reference Forms
- ④ Release of exam results & certification
- ④ Certification of training (ARC-PA)
- ④ Examination Scores (NCCPA)
- ④ Undergraduate Transcript
- ④ Physician Assistant Transcript(s)
- ④ Delegation Agreement (Required for practice, but not licensure)
- ④ Fee must be in the form of Check, Money order or Certified Check Payable to DC Treasurer.
- ④ \$230 for Application and License Fee must in the form of check, money order or certified check - Payable to DC Treasurer.