

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT OF HEALTH

HEALTH PROFESSIONAL
LICENSING ADMINISTRATION



In applying for licensure as a Physician Assistant in the District of Columbia, and in accordance with Chapter 49, Title 17, Section 4902.1, DCMR the Advisory Committee on Physician Assistants requires that an applicant furnish proof satisfactory to the Board that the applicant has successfully completed an educational program to practice as a physician assistant accredited by the Accreditation Review Commission on Education for the Physician Assistant.

This form is to be completed by the training institution/school where I obtained a degree, diploma or certificate while training to be a physician assistant.

Applicant name: _____

Address: _____

Social Security Number: _____

Signature: _____

CERTIFICATION OF TRAINING

To be completed by the training institution/school where the applicants program was completed.

This is to certify that _____
attended the Physician Assistant program at _____

_____ for a period from _____ to _____ and completed the program on _____

Program
Seal

Signature - Program Director

Date: _____