

# Certification of Completion of Physician Assistant Education

*This form may be used in lieu of transcripts to document completion of an approved PA program. It must be completed by an official representative of the school and bear the school's official seal. Additionally, it must be sent directly from the school to DOPL or sealed in an envelope bearing the school's stamp/seal on the envelope flap and submitted with your application. If the form is presented to DOPL unsealed, it will be rejected.*

## APPLICANT INFORMATION

To be completed by the applicant.

**Full Legal Name:** \_\_\_\_\_  
First Middle Last

**Mailing Address:** \_\_\_\_\_  
Street/PO Box City State/Zip

## EDUCATION

To be completed by the Accredited Physician Assistant Program Official Representative

**Name of Institution:** \_\_\_\_\_

**Institution Address:** \_\_\_\_\_  
Street/PO Box City State/Zip

**Telephone Number** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Accrediting Body:** \_\_\_\_\_ **Accreditation Date:** \_\_\_\_\_

I attest that the above named applicant attended this physician assistant program from:

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
MM/DD/YYYY MM/DD/YYYY

and graduated on: \_\_\_\_\_  
MM/DD/YYYY

**Signature of Official Program Representative:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

Signed and the school seal affixed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

{School Seal}