

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA  
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Physician Assistant Application

**VERIFICATION OF NCCPA CERTIFICATION**

**TO APPLICANT:** Fill out this form and mail it to the NCCPA at the address below. If you need to phone the NCCPA, their number is (770) 745-4500; fax (770) 734-4535 (east coast time).

**National Commission on the Certification of Physician Assistants  
157 Technology Parkway, Ste 800  
Norcross, GA 30092-2913  
www.nccpa.net**

\_\_\_\_\_  
Name You Were Certified Under

\_\_\_\_\_  
Current Name, if Different

\_\_\_\_\_  
Social Security/Insurance Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Address

\_\_\_\_\_  
NCCPA Certification Number

\_\_\_\_\_  
City/State or Province/Zip or Postal Code

\_\_\_\_\_  
NCCPA Certification Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Name of PA Program You Graduated From

**AUTHORIZATION OF RELEASE:**

**I authorize the National Commission on Certification of Physician Assistants to release to The College of Physicians and Surgeons of Manitoba verification of my NCCPA physician assistant certification, to include the following information:**

- **Date I was granted certification by the NCCPA**
- **My NCCPA certification number**
- **My NCCPA examination score report**
- **Evidence of Clinical Training (duration, content and length of rotations)**

**NCCPA: Please send this information directly to The College of Physicians and Surgeons of Manitoba at the address listed at the top of this form. Thank you.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date