

PART 2 – GENERAL INFORMATION

1. Applicant Name: _____
First Middle Last

2. Social Security Number:* _____ - _____ - _____ Date of Birth: _____

3. Applicant's Contact Information:

Address Line 1: _____

Phone: _____

Address Line 2: _____

Alternate Phone: _____

City, State, Zip: _____

E-mail Address: _____

4. Applicant's Employer : _____

Employer's Contact Information:

Address Line 1: _____

Phone: _____

Address Line 2: _____

Fax/telex: _____

City, State, Zip: _____

E-mail address (if available): _____

5. Name and Location of Physician Assistant Training Program Applicant Attended:

* The information provided on this application is maintained by the Executive Officer of the Physician Assistant Board, 2905 Evergreen Street, Suite 1100, Sacramento, California 95815, pursuant to Business and Professions Code Section 9911. It is mandatory that you provide all information requested. Omissions of any item of information will result in the application being rejected as incomplete.

You have the right to review the records maintained on you by the board unless the records are exempt from disclosure. You may gain access to the information by contacting the board at the address above.

PART 3 – LICENSE INFORMATION

1. Do you hold a valid, current active license in good standing issued by a state, district, or territory of the United States authorizing the unrestricted practice as a physician assistant in your jurisdiction(s)? The term "good standing" means you:
 - Have not been charged with an offense for any act substantially related to the practice for which the applicant is licensed by any public agency;
 - Have not entered into any consent agreement or been subject to an administrative decision that contains conditions placed upon the applicant's professional conduct or practice, including any voluntary surrender of license;

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Ian Pickup



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