

THE COLLEGE OF PHYSICIANS & SURGEONS OF MANITOBA
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Regulated Associate Member
Physician Assistant - Full 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 contact the NCCPA – phone: (678) 417-8100; fax (678) 417 8135; e-mail: credentialing@nccpa.net

National Commission on the Certification of Physician Assistants
12000 Findley Road, Suite 100
Johns Creek, GA 30097
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