



Oregon

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Oregon Medical Board
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NCCPA Certification Verification and Exam History

Physician Assistant Applicants for Licensure

APPLICANT to fill in this section only

Name:			
	Last	First	Middle
Social Security #:		Date of Birth:	

APPLICANT Send form to:

National Commission on Certification of Physician Assistants

12000 Findley Road, Suite 200
Duluth, GA 30097

Phone: (678) 417-8100
Web: www.nccpa.net

NCCPA Use Only

National Certificate #:		Previous Certificate #:	
Original Issue Date:		(if applicable)	
Remains Valid Until:		Previous Certificate	
Current Status:		Expired Date:	

Number of times NCCPA exam taken:	
Number of times failed NCCPA exam:	

Exam Attempts

Date	Exam Type	Score	Minimum Passing Score	Pass/Fail

Comments:

Signature _____

Title _____

Date _____

SEAL

NCCPA-Please return form to: Physician Assistant Program, Oregon Medical Board, at above address.