

LICENSE VERIFICATION FORM

(Mail to each state where you were/are licensed except Florida)

To:	FROM: Department of Health Council on Physician Assistants 4052 Bald Cypress Way BIN #C03 Tallahassee, Florida 32399-3253
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The physician assistant listed below has submitted an application for licensure in Florida. He/she states that he/she was licensed/registered in your state as a healthcare practitioner. Please complete and return this form as soon as possible. Thank you for your cooperation.

***Completed by applicant – Please Print**

Name:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> <td style="border-bottom: 1px solid black; width: 33%;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">First</td> <td style="text-align: center; font-size: small;">Middle</td> <td style="text-align: center; font-size: small;">Last</td> </tr> </table>				First	Middle	Last
First	Middle	Last					
*DOB:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">/</td> <td style="width: 33%; text-align: center;">/</td> <td style="width: 33%;"></td> </tr> </table>	/	/				
/	/						

Completed by Medical Board

Profession:		License #:	
Issue date:		Expiry date:	

Was a temporary certificate issued prior to full licensure? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">License #</td> <td style="width: 33%;">Issue date:</td> <td style="width: 33%;">Expiry date:</td> </tr> </table>	License #	Issue date:	Expiry date:
License #	Issue date:	Expiry date:	

Has any disciplinary action ever been taken against this license? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain.

 Verified by: (signature)

 Name: (please print)

 Title:

SEAL

