

**FORM K
CERTIFICATE OF EDUCATION FOR PHYSICIAN ASSISTANT**

It is hereby certified that _____
(Student's Name)

of _____ matriculated in _____
(City, State of Birth)

at _____ on _____
(Beginning date of program)

The dates of attendance are certified to be: from _____ to _____
_____. The above named applicant completed PA/AA studies from _____ on _____ and was granted a _____ degree or certificate (please circle one).

Signature of Dean, Registrar or Director (please circle one)

(SCHOOL SEAL)

Date Signed

Notary Public

Sworn to and subscribed before me

This _____ day of _____, 20_____ .

My commission expires _____, 20_____ .

Special Note: This form must be either notarized or have the school seal embossed or attached. Please mail the completed form to:

**Georgia Composite Medical Board
Attention: Physician Assistant Unit
2 Peachtree Street, N.W., - 36th Floor
Atlanta, GA 30303**