

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS



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FORM K CERTIFICATE OF EDUCATION FOR PHYSICIAN'S ASSISTANT

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

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

at _____ on _____.

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 the address listed on the top of this form.