

FORM G
REQUEST FOR VERIFICATION OF CERTIFICATION FORM

NCCAA will provide a letter verifying the certification status of an anesthesiologist assistant upon written request of that anesthesiologist assistant. The National Commission cannot provide verification of certification upon request of anyone other than the anesthesiologist assistant. To obtain a letter of verification of certification, an anesthesiologist assistant must provide the following in writing to NCCAA:

- Name in which the certificate was issued;
- Social Security Number or Certificate Number;
- Complete address of credentialing organization to which the letter is to be mailed;
- Date of request;
- Signature of anesthesiologist assistant

TO: National Commission for Certification of Anesthesiologist Assistants
P.O. Box 15519
Atlanta, GA 30333-0519

Please provide a letter verifying my certification status to the following organization:

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS
2 Peachtree Street, N.W., 36th Floor
Attention: Physician's Assistant Licensure Department
Atlanta, Georgia 30303

PRINT NAME _____

SSN _____ **OR CERTIFICATE NUMBER** _____

SIGNATURE _____

DATE _____