

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 have the institution submit the completed form to: <https://gcmb.nextrequest.com/>