

**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., - 6<sup>th</sup> Floor  
Atlanta, GA 30303**