

**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

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TO: National Commission for Certification of Anesthesiologist Assistants  
1500 Sunday Drive, Suite 102  
Raleigh, NC 27607

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

GEORGIA COMPOSITE MEDICAL BOARD  
2 Peachtree Street, N.W., 36<sup>th</sup> Floor  
Attention: Physician Assistant Licensure Department  
Atlanta, Georgia 30303

PRINT NAME: \_\_\_\_\_

SSN: \_\_\_\_\_ OR CERTIFICATE NUMBER: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_