

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN'S ASSISTANTS  
3384 PEACHTREE ROAD, NE, SUITE 560, ATLANTA, GEORGIA 30326

Please enter your name and address in the spaces provided on the reverse side of this card. This card will be used to acknowledge receipt of your application for the 1975 Certifying Examination for Primary Care Physician's Assistants.

Your application was received at the National Commission office on the date indicated to the right. Providing you meet the eligibility requirements and your application and fee are in order, your admission card will be mailed to you approximately two weeks prior to the examination. If your credentials are not in order, you will hear from us.

Name

Street Address

City

State

Zip Code

NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN'S ASSISTANTS

3384 Peachtree Road, N.E.—Suite 560 • Atlanta, Georgia 30326

PRIMARY CARE PHYSICIAN'S ASSISTANTS CERTIFYING EXAMINATION

NOVEMBER 19—20—21, 1975

**INSTRUCTIONS: (Please print in ink or type)**

**PAGE 1 (ITEMS 1-15) TO BE COMPLETED BY ALL CANDIDATES**

The following instructions correspond to items 1 through 20 on the attached application. Please read and follow them with care.

1. **NAME and SEX\***—Print your last name, first name and middle initial, one letter to a box, in the spaces provided. If you use a title (Jr. or III), enter this title, one letter to a box, immediately after your last name. If you have no middle initial, leave that space blank. If your name contains an apostrophe, hyphen, or space, do not include the punctuation and do not skip a box where the punctuation or space would normally appear. Give your name in exactly this way on all correspondence with the National Commission. Sex: Complete as appropriate.
2. **SOCIAL SECURITY NUMBER**—This number will become a vital part of your record. Please record it accurately, one number in a box.
3. **MAILING ADDRESS FOR ADMISSION CARD**—Enter your address, printing only one number or letter in each box. Skip a box where a space would normally appear, but do not leave space for any punctuation such as a comma, hyphen, or an apostrophe. Use clear abbreviations wherever necessary to fit your address into the available boxes. If you find you cannot abbreviate a long address understandably, complete the address in the unboxed area to the right of the boxes. *Be sure to enter your zip code in the boxes provided.*
4. **DATE and PLACE of BIRTH**—Complete as appropriate.
5. **EXAMINATION CENTER**—Refer to the examination center code list provided in the Announcement brochure. Make your center selection. Print the center code number and the city and state in the spaces provided. Be careful to enter the correct center code number. A mistake will result in your being assigned to a center you do not want. Applications will be processed in the order in which they are received. If the center you select is filled at the time your application is processed, you will be assigned to the nearest center with available space. You will be notified of such a revised assignment as soon as possible (no later than four weeks prior to the examination) and will be given the opportunity to seek an alternative. The name and address of your center will be printed on your admission card.
6. **PERMANENT HOME ADDRESS**—Enter your permanent home address, printing only one number or letter in each box. (See detailed instructions under item 3 above.) Your examination results will be sent to this address.
7. **EXAMINATION HISTORY**—Complete as appropriate.
8. **MILITARY**—Complete if applicable; indicate if you were a medical corpsman.
9. **ETHNIC BACKGROUND\***
10. **CITIZENSHIP**—Complete as appropriate.
11. **HIGH SCHOOL EDUCATION**—Indicate if you have received a high school diploma or equivalency certificate. Enter the name, city and state of the high school from which you graduated. Specify the date you received your high school diploma or equivalency certificate.
12. **POST-SECONDARY EDUCATION**—Complete if applicable, listing the colleges, universities or technical schools you have attended since completing high school, excluding attendance in approved training programs listed on the last page of this form.
13. **SIGNATURE**—Indicate if you have ever been convicted of a felony and provide details on a separate sheet. Sign your name in the space provided after reading the falsification statement. Print your name as you wish it to appear on your certificate.
14. **WRITE THE DATE OF APPLICATION.**
15. **PROFESSIONAL EDUCATION**—Indicate whether or not you are a graduate/student of an approved program. (See list.)
  - a. If you check "YES", complete page 4 (item 20).
  - b. If you check "NO", complete pages 2 & 3 (items 16, 17, 18 & 19).

\*Note: This information is required for statistical purposes only and will in no way affect your eligibility to take the examination. Your cooperation in completing this section is requested in order to collect survey data, but is not mandatory.

This application must be returned to the address given in the instructions no later than AUGUST 15, 1975. IT MUST BE ACCOMPANIED BY:

- The Examination Identification Form,
- A fee of \$100.00 (in U.S. funds by check or money order

payable to The National Commission on Certification of Physician's Assistants). The fee includes a NONREFUNDABLE \$40.00 Application Fee and a \$60.00 Examination Fee. If NCCPA deems you INELIGIBLE to take the examination, the \$60.00 Examination Fee will be refunded.

**NOTE: ALL APPLICANTS COMPLETE THIS PAGE (Please print in ink or type).**

**1. NAME and SEX**

Last Name																			
First Name										Middle Initial									

\*SEX: Male ☐ Female ☐

**2. SOCIAL SECURITY NUMBER**

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**3. ADDRESS to which your admission card is to be sent**

Number and Street																			
City and State or Province										Zip Code									

**4. DATE and PLACE OF BIRTH**

Month		Day		Year		City						State				Country			
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From the center list provided, select a center and enter the code number, city and state below.

**5. EXAMINATION CENTER (See Announcement)**

Center Code No.						City						State							
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**6. PERMANENT HOME ADDRESS**

Number and Street																			
City and State										Zip Code									

**7. EXAMINATION HISTORY**

Have you previously taken this Certifying Examination? Yes ☐ No ☐ When? \_\_\_\_\_ Year

**MILITARY**

Were you in the Military? Yes ☐ No ☐ Dates of Active Duty \_\_\_\_\_ Mo / Year to Mo / Year Corpsman? Yes ☐ No ☐ Branch \_\_\_\_\_

**9. ETHNIC BACKGROUND\* (Check One)**

Black American \_\_\_\_\_ Mexican American \_\_\_\_\_ American Indian \_\_\_\_\_ Puerto Rican \_\_\_\_\_ Caucasian \_\_\_\_\_ Spanish \_\_\_\_\_ Japanese/Chinese \_\_\_\_\_ Other Asian \_\_\_\_\_ Other \_\_\_\_\_

**10. CITIZENSHIP**

Are you a U.S. Citizen? Yes ☐ No ☐ Other \_\_\_\_\_

**11. HIGH SCHOOL EDUCATION**

Do you have a high school diploma or equivalency certificate? Yes ☐ No ☐ Date received \_\_\_\_\_ (Check one) Mo / Year

Name of High School graduated from \_\_\_\_\_ City and State \_\_\_\_\_

**12. POST-SECONDARY EDUCATION OTHER THAN APPROVED PROGRAMS FROM LIST ATTACHED**

Name of Institution	City and State	Dates Attended	Courses of Study	Degree

**13. SIGNATURE**

Have you ever been convicted of a felony? Yes ☐ No ☐ If Yes, attach details on a separate sheet. (This data will not affect your eligibility to take the examination.)  
I hereby attest that to the best of my knowledge all information contained in this application is true. I understand that falsification of this application is cause for invalidation of test score and/or certification.

Sign your first name, middle name, and last name. \_\_\_\_\_ 14. Date of Application \_\_\_\_\_ Mo / Day / Yr

Print your name as you wish it to appear on certificate. \_\_\_\_\_

**15. PROFESSIONAL EDUCATION**

Are you a graduate/student of an approved Program? Yes ☐ Complete page 4 (item 20).  
No ☐ Complete pages 2 and 3 (items 16, 17, 18, 19).

\*Note: This information is requested for statistical reasons only and will not affect your eligibility to take the examination.

## 16. PROFESSIONAL ADDRESS

[illegible]

## 17. EMPLOYMENT HISTORY

a. Current  
Employment

Position Held: \_\_\_\_\_ Dates From: \_\_\_\_\_ to \_\_\_\_\_  
Mo/Year Mo/Year

Name of Supervising Physician \_\_\_\_\_

Business Address	Telephone
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Type of Practice (e.g., General Surgery, Internal Medicine, Pediatrics, Ob/Gyn, General or Family Practice)

List Duties Performed in Practice: \_\_\_\_\_

b. Previous Employment (Last 5 years; use additional sheet if necessary)

Position Held: \_\_\_\_\_ Dates From: \_\_\_\_\_ to \_\_\_\_\_  
Mo./Year Mo./Year

Name of Supervising Physician \_\_\_\_\_

Business Address		Telephone
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Type of Practice (e.g., General Surgery, Internal Medicine, Pediatrics, Ob/Gyn, General or Family Practice)

List Duties Performed in Practice: \_\_\_\_\_

Position Held: \_\_\_\_\_ Dates From: \_\_\_\_\_ to \_\_\_\_\_  
Mo/Year Mo/Year

Name of Supervising Physician \_\_\_\_\_

Business Address	Telephone
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Type of Practice (e.g., General Surgery, Internal Medicine, Pediatrics, Ob/Gyn, General or Family Practice)

List Duties Performed in Practice: \_\_\_\_\_

NOTE: HAVE YOUR CURRENT PHYSICIAN-SUPERVISOR COMPLETE THIS PORTION IF YOU ARE NOT A GRADUATE OF AN APPROVED PROGRAM (SEE LIST).

18. PHYSICIAN'S  
VERIFICATION

I affirm that the above applicant is currently in my practice as a physician's assistant and that all of the information contained in this application including the employment history is true and accurate to the best of my knowledge. (PHYSICIAN'S SIGNATURE MUST BE NOTARIZED.)

\_\_\_\_\_  
Date Medical License Number Physician's Signature

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

\_\_\_\_\_  
\*Notary Public

\*You should notarize this form only after obtaining adequate proof of positive identity. \_\_\_\_\_  
NOTARY SEAL

NOTE: COMPLETE THIS PORTION IF YOU ARE NOT A GRADUATE OF AN APPROVED PROGRAM (SEE LIST).

19.

EXAMINEE IDENTIFICATION FORM  
(Informally Trained)

Do not write in this box

Securely paste in this square a distinct recent front view photograph of head and shoulders only, which should approximately fill the space. (Enter name on back of photograph before attaching.)

NAME \_\_\_\_\_  
(Please Print) Last First Middle Initial

DATE & PLACE OF BIRTH \_\_\_\_\_  
(Mo/Day/Year) City State or Country

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

NAME \_\_\_\_\_  
Notary Public

DATE \_\_\_\_\_ 19\_\_\_\_

(To be completed and returned with application)

NOTARY SEAL

The impression of the seal must be partly upon the photograph as indicated and partly on signature of applicant.

Signature of Applicant

**EXAMINEE IDENTIFICATION FORM**  
 (Graduate of Approved Program)

Do not write in this box

 NAME \_\_\_\_\_  
 (Please Print) Last First Middle Initial

 DATE & PLACE OF BIRTH \_\_\_\_\_  
 (Mo/Day/Year) City State

Training Program: Please check one:

☐ Primary Care Physician's Assistant Training Program    ☐ Nurse Practitioner/Clinician Program  
☐ Medex Program    ☐ Other (Please specify) \_\_\_\_\_  
☐ Pediatric Nurse Practitioner Program

NAME OF SCHOOL \_\_\_\_\_

 LOCATION OF SCHOOL \_\_\_\_\_  
 City State

 Month and year Training Program was/will be completed \_\_\_\_\_  
 Mo/Day/Year

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

Name Program Director \_\_\_\_\_

Signature Program Director \_\_\_\_\_

 NOTE: The above affidavit is to be completed by your Program Director. It should not be completed by a notary public. If the institution listed above does not have a school seal, the Program Director should note this on the bottom of this form.  
*(To be completed and returned with application)*

Securely paste in this square a distinct recent front-view photograph of head and shoulders only, which should approximately fill the space. (Enter name on back of photograph before attaching.)

SCHOOL SEAL

The impression of the seal must be partly upon the photograph as indicated and partly on signature of applicant.

Signature of Applicant \_\_\_\_\_



## APPROVED PHYSICIAN'S ASSISTANTS TRAINING PROGRAMS

## PHYSICIAN'S ASSISTANTS

Alabama, University of  
 Albany Medical College  
 Alderson-Broaddus College  
 Antioch College/Harlem Hospital  
 Baylor College of Medicine  
 Bowman Gray School of Medicine  
 Brooklyn Cumberland Medical College  
 California, University of, School of Medicine/Davis  
 Family Nurse Practitioner and Physician's Assistant Program  
 Casa Loma College  
 Cincinnati Technical College  
 Cleveland Clinic/Cuyahoga Community College  
 Colorado University of, Child Health Associate  
 Colorado, University of, Obstetrical, Gynecological  
 Associates Program  
 Community Health Med Training Program/Gallup  
 Duke University Medical Center  
 Emory University School of Medicine  
 Essex Community College, Health Associate Programs  
 Fort Sam Houston, USA Academy Health Sciences  
 George Washington University School of Medicine  
 Georgia, Medical College of  
 Hahnemann Medical College  
 Indiana University School of Medicine  
 Iowa, University of, School of Medicine  
 Johns Hopkins School of Health Services  
 Kentucky, University of, College of Allied Health Professions  
 Kettering College of Medical Arts, Physician's Assistant  
 Training Program  
 Marshfield Clinic/University of Wisconsin  
 Mercy College of Detroit  
 Mississippi, University of, School of Medicine  
 Nebraska, University of, Physician's Assistant Programs  
 Northeastern University  
 Oklahoma, University of, Medical Center  
 Phoenix Indian Medical Center  
 Santa Fe Community College, University of Florida/Gainesville  
 Sheppard AFB School of Health Care Sciences  
 St. Louis University/Missouri  
 Stanford University Medical Center  
 State University of New York/Stony Brook  
 Texas, University of, Health Science Center/Dallas  
 Texas University Medical Branch/Galveston  
 Touro College/Brooklyn  
 United States Public Health Service Hospital/Staten Island  
 Western Michigan University  
 Wichita State University/Kansas  
 Yale University School of Medicine

## MEDEX

Alabama, University of  
 Charles Drew Postgraduate School/Los Angeles  
 Dartmouth Medical School  
 Hawaii, University of  
 Howard University College of Medicine  
 North Dakota, University of, School of Medicine  
 Pennsylvania State University/Hershey Medical Center  
 South Carolina, Medical University of  
 Utah, University of  
 Washington, University of, School of Medicine/Seattle

## \*FAMILY NURSE PRACTITIONER

California, University of, School of Medicine/Davis  
 California, University of/Los Angeles  
 Case Western Reserve University  
 Cornell University/NYU School of Nursing

Indiana University  
 Maine, University of/Portland, MCD Inc.  
 Minot State College  
 Montana State University  
 North Carolina, University of  
 Pennsylvania State University/University Park  
 Pennsylvania, University of/Philadelphia  
 Tennessee, University of/Memphis  
 Thomas Jefferson University  
 Vanderbilt University  
 Virginia Commonwealth University  
 Washington, University of/Seattle

## \*PEDIATRIC NURSE PRACTITIONER

Alabama, University of  
 Arkansas, University of, School of Medicine  
 Boston College School of Nursing  
 Bronx Municipal Hospital Center  
 California, University of, School of Medicine/Davis  
 California, University of/Los Angeles  
 California, University of/San Francisco  
 Cardinal Glennon Hospital  
 Colorado, University of  
 Connecticut, University of/McCook Hospital  
 Cornell University/New York Hospital  
 Georgia State University  
 Good Samaritan Hospital/Cincinnati  
 Hawaii, University of, School of Nursing  
 Iowa, University of  
 Johns Hopkins Medical Institutions  
 Loma Linda University  
 Maine, University of/Portland  
 Maryland, University of  
 Mayo Clinic/Minnesota  
 Meharry Medical College  
 Methodist Hospital/Indianapolis  
 Michigan, Children's Hospital of  
 Minnesota, University of, School of Public Health  
 Missouri, University of/Kansas City  
 Northeastern University College of Nursing  
 Olive View Medical Center/Van Nuys  
 Palm Beach Junior College/Lake Worth  
 Pittsburgh, University of  
 Rochester, University of/New York  
 Rutgers Medical School  
 Seaton Hall University  
 State University of New York/Buffalo  
 Tennessee, University of/Memphis  
 Texas, University of, School of Nursing/Galveston  
 Utah, University of, College of Nursing  
 Virginia, University of, Pediatric Nurse Clinician  
 Virginia, University of, Pediatric Graduate Nurse  
 Washington University/Missouri  
 West Virginia University  
 Yale University School of Nursing

## \*OTHER NURSE CLINICIAN

Albany Medical College, Primary Care Nurse  
 California, University of/San Francisco, Maternal Child  
 Nurse Associate  
 California, University of/San Francisco, Maternal Child  
 Nurse Practitioner  
 Colorado, University of, School Nurse Practitioner  
 Delaware, University of, Comprehensive Nurse Clinician  
 Maryland, University of, Primary Care Nurse Practitioner  
 Rochester, University of/New York, Medical Nurse  
 Practitioner  
 Wayne State University, Health Nurse Clinician