



Request and Authorization for Release of Information

Please type or print information to send to third party. Scores are automatically provided to PA. Duplicate as needed.

Section 1: Identification

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Telephone: (____) _____ - _____ NCCPA Identification # _____

Section 2: Exam Information

Indicate which exam and examination period you're requesting information. One request per form.

- PANCE (Physician Assistant National Certifying Exam)
- PANRE (Physician Assistant National Recertifying Exam) Pathway II

Year: _____

Section 3: Information Request

Indicate the nature of this request and the person or agency to whom it should be sent.

- Eligibility letter, verifying that you are eligible for and registered to take the above exam
- Exam results

Name: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Section 4: Signature and Authorization

Each state licensing authority sets its own rules and regulations. We will only send the requested information, which may consist of current scores and/or score history, to the person or agency listed above. It is your responsibility to stay up-to-date on individual requirements.

I acknowledge that I have read and understand the above statement and authorize NCCPA to release all information required by the agency listed above.

Signature

Date

Please remember that it is your responsibility to update state medical boards, your employer(s) and other interested parties of any changes in your certification status.