



# VERIFICATION OF GOVERNMENT AGENCY PRIVILEGE TO PRACTICE

Please provide verification of the status of the following certified physician assistant's privileges to practice by **completing the following form in its entirety and returning the completed form to NCCPA** via fax or mail. (The fax number and address are provided at the bottom of this form.) You may also scan the completed form and return it to NCCPA via email to [specialtycag@nccpa.net](mailto:specialtycag@nccpa.net).

Name of Physician Assistant \_\_\_\_\_

NCCPA ID #: \_\_\_\_\_

I verify that the above-named physician assistant has current, unrestricted privileges to practice as a physician assistant for the following government agency:

Government Agency/Facility Name: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Printed Name of Verifier: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Verifier: \_\_\_\_\_ Date: \_\_\_\_\_