



Texas Physician Assistant Board

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Name:	First:	Middle:	Last:
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Social Security #:	Date of Birth:
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National Certificate #:	Previous NCCPA Certificate # (if applicable):
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Number of times NCCPA exam was taken:	Number of times failed NCCPA exam:
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Dates of Exams:	
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Original Issue Date:	
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Expiration Date:	
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SEAL

Current Status:	
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comments if any

signature and title

date