



# **Texas Physician Assistant Board**

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

<b>Current Status:</b>	
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**comments if any**

\_\_\_\_\_  
**signature and title**

\_\_\_\_\_  
**date**