



**THE COMMONWEALTH OF MASSACHUSETTS  
 EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES  
 DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF HEALTH PROFESSIONS LICENSURE  
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[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)**

**BOARD OF REGISTRATION OF PHYSICIAN ASSISTANTS**

**NCCPA RELEASE FORM**

Complete this form and mail to:

NCCPA  
 12000 Findley Road  
 Suite 200  
 Duluth, GA 30097

OR, complete an online Request:  
<https://www.nccpa.net/>

I hereby authorize and direct the National Commission on Certification of Physician Assistants, Inc. [NCCPA] to release to the:

Email: [multiboard.admin@mass.gov](mailto:multiboard.admin@mass.gov)  
 Regular Mail:  
 MA Board of Registration of Physician Assistants  
 250 Washington Street  
 Boston, MA 02118

Any and all information concerning my eligibility, examination, and/or certification status, and/or examination scores which the MA Board of Registration of Physician Assistants may require in conjunction with my application for registration. I hereby release the NCCPA and its agents and employees from any liability arising out of its compliance with such a request for information.

Signature of Applicant	Date	
Applicant Name : _____		
Last	First	Middle
Previous Name : _____		
Last	First	Middle
Address : _____		
Number	Street	Apt. #
City/Town	State	Zip

Telephone [day] : \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
 Dd/mm/yyyy

Social Security Number : \_\_\_\_\_

NCCPA Certificate Number : \_\_\_\_\_

Date of Exam : \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
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