**THE COMMONWEALTH OF MASSACHUSETTS EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES DEPARTMENT OF PUBLIC HEALTH**

# Division of Health Professions Licensure

**250 Washington Street**

**BOSTON, MA 02118**

# 617-973-0806

[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

# Board of Registration of Physician Assistants

Complete this form and mail to: NCCPA

12000 Findley Road

Suite 200

Duluth, GA 30097

# NCCPA RELEASE FORM

OR, complete an online Request: [https://www.nccpa.net/](http://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 Regular Mail:

MA Board of Registration of Physician Assistants

250 Washington Street

Boston, MA 02118

Any and all information concerning my eligiblity, examintion, 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 : / /

Dd/mm/yyyy