

# Wisconsin Department of Safety and Professional Services

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License Portal: <https://license.wi.gov>  
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## MEDICAL EXAMINING BOARD

### REQUEST FOR NATIONAL EXAMINATION SCORES

#### NATIONAL COMMISSION FOR CERTIFICATION OF ANESTHESIOLOGIST ASSISTANTS (NCCAA)

Instructions: Complete form in its entirety and forward to the National Commission for Certification of Anesthesiologist Assistants (NCCAA). You must provide your [LicenseE](#) application number and sign and date the form. EMAIL COMPLETED FORM TO [CYNTHIA.M@NCCAA.ORG](mailto:CYNTHIA.M@NCCAA.ORG). The Department must receive exam scores directly from NCCAA. Scores will not be accepted from applicants. (For questions related to NCCAA certification, please email [Cynthia.M@NCCAA.Org](mailto:Cynthia.M@NCCAA.Org) or visit the NCCAA website at <https://www.nccaatest.org/>.)

<b>Last Name</b>		<b>First Name</b>	<b>MI</b>	<b>Former / Maiden Name(s)</b>	
<b>Address</b> (number/street)			(city)	(state)	(zip code)
<b>Email Address</b>			<b>Daytime Phone Number</b>		
			_____ - _____ - _____		
<b>NCCAA Certification Number</b>	<b>Date of Birth</b> (if no certification # provided)		<b>LicenseE Application Number</b>		
	____ / ____ / _____		<b>PAR-</b>		
I authorize the National Commission on Certification of Anesthesiologist Assistants to release to the Wisconsin Medical Examining Board all of the information requested below. I recognize that it is my responsibility to apply for the next available NCCAA examination and failure to appear for this examination will result in termination of my temporary certificate.					
<b>Applicant Signature</b> (If unable to provide a digital signature print and sign form.)			<b>Applicant Signature Date</b>		
			____ / ____ / _____		

#### **ATTENTION: NATIONAL COMMISSION ON CERTIFICATION OF ANESTHESIOLOGIST ASSISTANTS**

Provide the information below directly to the Wisconsin Department of Safety and Professional Services (DSPS) using the LicenseE Third-Party\* Upload Portal at [license.wi.gov](https://license.wi.gov). You will need the application number shown above. (\*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.) NCCAA staff may also email the document to [DSPSCredMedBdAffiliates@wisconsin.gov](mailto:DSPSCredMedBdAffiliates@wisconsin.gov).

- Pass/Fail Status
- Historical record of all examinations written, including scores and dates
- National certifying certificate number and status of this certificate