

# Wisconsin Department of Safety and Professional Services

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## MEDICAL EXAMINING BOARD

### REQUEST FOR NATIONAL EXAMINATION SCORES

#### **APPLICANT: PLEASE COMPLETE THIS FORM AND FORWARD TO:**

NATIONAL COMMISSION FOR CERTIFICATION OF ANESTHESIOLOGIST ASSISTANTS (NCCAA)  
8459 US HWY 42, #160  
FLORENCE, KY 41042  
EMAIL: [cynthia.m@nccaa.org](mailto:cynthia.m@nccaa.org)  
WEB SITE: [www.nccaa.org](http://www.nccaa.org)

(Please print clearly)

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip)

SSN#: \_\_\_\_\_ or Certificate # \_\_\_\_\_

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.

\_\_\_\_\_  
APPLICANT'S SIGNATURE (Print and Sign Form) DATE

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#### **ATTENTION: National Commission on Certification of Anesthesiologist Assistants**

#### **PLEASE MAIL THE INFORMATION BELOW TO THE FOLLOWING ADDRESS:**

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

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Medical Examining Board  
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