

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, #60
FLORENCE, KY 41042
EMAIL: cynthia.m@nccaa.org
WEB SITE: 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

DATE

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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