



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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 P.O. Box 11289 • Columbia • SC • 29211
 Phone: 803-896-4500 • Medboard@llr.sc.gov • Fax: 803-896-4515
 llr.sc.gov/med

CERTIFICATION OF PHYSICIAN ASSISTANT (PA) EDUCATION

Proof of successful completion of an educational program for physician assistants that has been approved by the Commission on Accredited Allied Health Programs or its successor organization is required for licensure. Please have this form completed by the school or have an official transcript sent to the board via email at medboard@llr.sc.gov or via mail at the address above. Transcript must reflect the conferred date of the degree.

Applicant's Information:

Last: _____ Suffix: _____ First: _____ Middle: _____

Student ID: _____ Contact Number: _____

I am applying for a Physician Assistant license in the State of South Carolina. Please complete this form and send the original document bearing the institution's official seal to the above listed address.

 Applicant's Signature

 Date

Please complete this form and include the school seal along with the Dean's, Registrar's, President's or PA Program Director's signature.

It is hereby certified that (student name) _____

of (hometown, state or country) _____ attended (full name of school):

_____ from (dates of attendance): _____ to _____

and received a diploma conferring the degree of: _____

and said diploma bears the following date: _____ .

(Seal)

 Signature of Dean, Registrar or PA Program Director

 Title

 Date