

**VERIFICATION OF EDUCATION
BACHELOR'S DEGREE**

Part 1

APPLICANT: On October 1, 2003 or later, if you did not receive at least a Bachelor's degree as part of your physician assistant education program, you must complete Part 1 and send to the institution that issued your Bachelor's degree.

Name: _____
Last name and generational indicator (Jr., Sr., II, III, etc.) First name Middle name Maiden Name

Date of Birth: ____/____/____ Social Security Number: ____-____-____
mm dd yyyy

Professional School of Graduation: _____

Attended from: _____ to _____

Date of Graduation: _____ Degree Received: _____
mm/yyyy

Applicant's Signature: _____ Date: _____

Part 2

REGISTRAR, DEAN, PRINCIPAL or OTHER AUTHORIZED OFFICIAL: Please email this form to: mdh.mbpcredentials@maryland.gov

I hereby certify that the above-named individual graduated from this institution on: _____
Date of Graduation (mm/yyyy)

The individual graduated with a(n):

Associate's Degree

Certificate

Bachelor's Degree

Master's Degree

Other: _____
(specify)

in _____
Educational Program

Printed Name of Authorized Official Name of Institution

Title of Authorized Official Telephone Number Fax Number

Signature of Authorized Official Date

**SEAL
OF THE
INSTITUTION**