STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH

VERIFICATION OF PHARMACOLOGY COURSEWORK

TO BE COMPLETED BY APPLICANT

Applicant: Please complete the top portion of this form and forward to the educational institution, post-graduate program provider, NCCPA or American Academy of Physician Assistants for official verification of completion of pharmacology instruction for physician assistant practice. Name: Last First Middle Maiden Date of Birth:____/___/ Identification information if required by verifying entity (e.g., certification number): TO BE COMPLETED BY EDUCATIONAL INSTITUTION ONLY The applicant listed above is applying for physician assistant licensure in Connecticut. Please provide the following information regarding pharmacology instruction in the physician assistant educational program or in a post-graduate program for physician assistant practice. Did this individual satisfactorily complete at least sixty (60) hours of didactic instruction in pharmacology for physician assistant practice? (Yes or No) If no, how many hours did this individual receive? Where was such instruction completed? Dates of candidate's attendance: from ______to _____to _____to If in a post-graduate program, was the coursework Category I approved CME? (Yes or No) Who was the approval body (i.e. AAPA, AMA, AAFP, ACME)?_____ Comments: _____ Signature of Authorized Representative Date Title Institution Email: Daytime Telephone Number: _____ Thank you for your assistance. Please return this form directly to:

> Department of Public Health Physician Assistant Licensure 410 Capitol Ave., Ms# 12APP P.O. Box 340308 Hartford, CT 06134-0308