

SOCIAL SECURITY NUMBER:		DATE OF BIRTH:		*DEA NUMBER:	
NAME:		SUFFIX:	PROFESSION:	(BOARD USE ONLY) LICENSE #	ISSUE DATE:
PRIMARY PRACTICE LOCATION:			MAILING ADDRESS:		
ADDITIONAL MS PRACTICE LOCATION:			OFFICE PHONE NUMBER:		
			OFFICE FAX NUMBER:		
			HOME PHONE NUMBER:		
			NPI NUMBER:		
			EMAIL ADDRESS:		
RACE: <input type="checkbox"/> 1 WHITE <input type="checkbox"/> 3 NATIVE AMERICAN <input type="checkbox"/> 5 OTHER (SPECIFY) <input type="checkbox"/> 2 BLACK <input type="checkbox"/> 4 ASIAN _____			SEX: <input type="checkbox"/> 1 MALE <input type="checkbox"/> 2 FEMALE		
PHYSICIAN ASSISTANT SCHOOL:		SCHOOL CODE:		YEAR OF GRADUATION:	
TYPE OF EMPLOYMENT : _____ (PLEASE USE CODE BELOW)			SETTING OF EMPLOYMENT _____ (PLEASE USE CODE BELOW)		
PHYSICIAN ASSISTANT'S TYPE OF EMPLOYMENT <i>Nongovernmental Employee of</i> 13 Individual practitioner 14 Partnership or group of practitioners 15 Group health plan 16 Other nongovernmental employer (Specify) _____ <i>Governmental Employee</i> 17 Local government (other than county or state) 18 County government 19 State government 20 Federal government (USPHS and civilians other than VA) 21 Federal government (Armed forces personnel only) 22 Federal government (VA) Other Forms of Employment 23 Unpaid voluntary worker 24 Other (Specify) _____			PHYSICIAN ASSISTANT'S SETTING OF EMPLOYMENT <i>Nonfederal Health Facility</i> 50 Hospital (other than mental) 51 Mental hospital 52 Nursing home 53 Clinic, free standing 54 Group health plan facility 55 Practitioner's office 56 Hospital and office <i>Federal Health Facility</i> 57 Health facility on military installation 58 VA 59 Public health, Indian health, and civilian other than VA <i>School</i> 60 School of medicine or dentistry 61 School of nursing 62 University or college other than medical, dental, or nursing 63 School or treatment center for the handicapped or disabled 64 Residency training program 65 Other schools (specify) _____ <i>Miscellaneous Places</i> 66 Patients' homes 67 Medical research institution or establishment 68 Professional or allied health association 69 Administrative or regulatory health agency 70 Manufacturing or industrial establishment 71 Retail, wholesale, or other business establishment <i>Other Places</i> 72 Other (Specify) _____		

SIGNATURE _____ DATE _____