

REQUEST FOR VERIFICATION OF CERTIFICATION

NCCAA will provide a letter verifying the certification status of an anesthesiologist assistant upon written request. If the practitioner has not provided NCCAA with a Practitioner Statement release, then the practitioner must provide the following in writing to NCCAA:

Name in which the certificate was issued
Social Security Number or Certificate Number
Complete address of credentialing organization to which the letter is to be mailed
Date of request
Signature of anesthesiologist assistant.

If your Practitioner Statement release is on file with NCCAA, then you or another party may request verification of your certification.

Requests for verification of certification may be mailed to NCCAA or faxed to NCCAA. All letters of verification from NCCAA will be transmitted by US mail.

TO: National Commission for Certification of Anesthesiologist Assistants
P O Box 15519
Atlanta, GA 30333-0519

Please provide a letter verifying my certification status to the following organization:

_____ [ENTER NAME AND COMPLETE MAILING ADDRESS
_____ OF ORGANIZATION TO RECEIVE VERIFICATION]

_____, _____
CITY STATE ZIP CODE

PRINT NAME _____

ENTER SSN _____ OR CERTIFICATE NUMBER _____

ENTER DATE ____ / ____ / ____

SIGNATURE OF ANAESTHESIOLOGIST ASSISTANT _____