

**CERTIFICATION OF PHYSICIAN ASSISTANT PROGRAM**

The following section is to be completed and signed by the present Director of the Physician Assistant Program from which the applicant is graduated.

I hereby certify that \_\_\_\_\_ was admitted on \_\_\_\_\_, \_\_\_\_\_, to the Physician Assistant Program associated with \_\_\_\_\_.

He/She has successfully completed the program, which extended from \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_.

His/Her scholastic standing and practical performance were satisfactory during his/her course of study.

I hereby certify that the above statement is true and correct, affix my hand, and seal of the institution this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
(Director, Physician Assistant Program)

\_\_\_\_\_  
(Institution)

\_\_\_\_\_  
(City) (State) (Zip)

(School Seal)  
If no school seal, affix  
hospital seal or affidavit.

**This form must be sent directly from the school and returned to the:**

**WEST VIRGINIA BOARD OF OSTEOPATHIC MEDICINE  
405 Capitol Street – Suite 402  
CHARLESTON, WV 25301**