

PHYSICIAN ASSISTANT CME EXTENSION REQUEST

A.A.C. § R4-17-205: A licensee who is unable to complete the required hours of continuing medical education for any of the reasons in A.R.S. § 32-2523(E) may submit a written request to the Board for an extension no later than 30 days before expiration of the license that contains;

1. The name, address, and telephone number of the licensee;
2. Reason for the request;
3. The number of continuing medical education hours completed during the biennial license period;
4. The dates on which the remaining hours of continuing medical education are scheduled to be completed; and
5. The signature of the licensee.

1. First Name: Middle Name: Last Name:

2. Home Address: City: State: Zip:

3. License Number: 4. Phone: Mobile:

5. CME hours completed during the biennial license period (07/1/2015 - 2016 Renewal Date):

6. Date scheduled to complete remaining hours of CME:

7. Reason for the request:

Signature of Licensee:

Date: