

# ARIZONA REGULATORY BOARD OF PHYSICIAN ASSISTANTS MILITARY SERVICE WAIVER FORM

*To be completed and signed by applicant. All questions MUST be answered, even if only to indicate "None" or "N/A."*

<b>Part 1 Veteran's Information</b>		
Veteran's First Name and Middle Initial	Last Name	Social Security Number
Veteran Name as indicated on DD Form 214 (if different):		Veteran's Phone Number
Address	Veteran's Email Address	
City	State	ZIP Code

<b>Part 2 Military Service</b>
<p>To verify the active duty period, <b>attach</b> Form DD Form 214. If you require assistance securing a copy of your DD214, Please contact the Arizona Department of Veterans Services:</p> <p style="margin-left: 40px;">Robert (Scott) Fincher Training and Information Manager e: <a href="mailto:rfincher@azdvs.gov">rfincher@azdvs.gov</a> p: 602.234.8432</p> <p><b>Please Note:</b> Failure to provide a DD-214 or SF-180 will result in <i>denial</i> of the waiver.</p>

**Part 3  
Military Education, Training or Experience**

**Please clearly identify** which aspect of the PA license application for which you seek a waiver.

Tell the Board if you wish to receive a waiver for the education component, the certification component, the training (experience) or all three. Complete this section by providing a narrative, explaining to the Board what education, military activities, certifications and training you received that fulfill the statutory requirements for PA licensure. Be sure to include your Military Occupational Specialty (MOS) or Air Force Specialty Code (AFSC) in your narrative.

*Please use additional paper as necessary to complete your response.*

**I declare under penalty of perjury, under state and federal law, that the information provided in this waiver application is true and correct .**

**Veteran's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Veteran's Name Printed:** \_\_\_\_\_