

30 E. Broad St., 3rd Floor Columbus, Ohio 43215 (614) 466-3934 www.med.ohio.gov

ANESTHESIOLOGIST ASSISTANT Certificate of Education

I am applying for a Certificate of Registration as an Anesthesiologist Assistant in the State of Ohio. The State Medical Board of Ohio requires that this form be completed by the program where I received my Anesthesiologist Assistant training. Please complete the form and return it to the State Medical Board of Ohio by email to: med.license@med.ohio.gov. Thank you.

Number & Street City, State & Zip Code I hereby authorizze to furnish the information below to the State Medical Board of Ohio. Signature of Applicant THIS SECTION TO BE COMPLETED BY ANESTHESIOLOGIST ASSISTANT PROGRAM This certifies that the above named applicant has successfully completed the requisite didactic education as well as requisite clinical course work as defined in Section 4760.031 Ohio Revised Code and as verified in the applicant's of academic transcripts. Name of Program: Street Address: City: State: Zip Code: Country: ending (month/day/year) It is further certified that the above named:	Name:last	fire	st	middl	le	suffix (Jr., II)
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City, State & Zip Code I hereby authorize	Number & Street			Date of Birth	month/day/year	.
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