



Washington Medical Commission
 PO Box 47866
 Olympia, WA 98504-7866
 360-236-2750

Interim Permit Request

I hereby request a **one-time only physician assistant interim permit**. I understand that the interim permit will expire one year from the completion of a commission approved physician assistant training program. If, during that year the Commission receives verification from the NCCPA that have passed the examination, this permit will be converted to a full PA-C license.

Print full name	Date of birth	
Mailing address		
City	State	Zip Code
Signature	Date	

General Information

A interim permit may be issued upon receipt of the following:

1. Completed application form.
 - Personal data questions 1-13 must **all** be negative, excluding number 8 regarding malpractice.
2. Interim permit request form.
3. Application and fees paid.
4. Physician Assistant Program Transcript.
5. Physician Assistant Program Director Evaluation Form.
6. Verification from states that the applicant was or is licensed (if applicable).
7. A clear Federation of State Medical Boards (FSMB) data bank clearance report.