



Washington Medical Commission
PO Box 47866
Olympia, WA 98504-7866
Medical.commission@wmc.wa.gov
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. A clear Federation of State Medical Boards (FSMB) data bank clearance report.