



IOWA PHYSICIAN ASSOCIATE SOCIETY VERIFICATION OF ACADEMIC STANDING

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515-750-2310 (Ext. 9) | Email: director@iapasociety.org

Verification of Academic Standing

I, _____ (name) _____ (title)
at _____ (PA program) confirm that
_____ (student name) is currently enrolled at
_____ (PA program) and is in good academic
standing, has demonstrated consistent academic progress and remains in compliance
with the academic standards set forth by the program.

PA Program Representative

Signature: _____ Date: _____