AMA Physician Assistant Profile
PREPARED FOR
ABC Hospital, ANYTOWN, IL

Name and Mailing Address
CLAUDIA M. SAMPLE
555 THIRD AVE
ANYTOWN, IL 55555-0003

Primary Office Address

Birth Date 11/10/1943

Major Professional Activity PA

Clinical Work Setting OUTPATIENT CLINIC OR PHYSICIAN OFFICE

Self-reported Practice Specialty FAMILY MEDICINE

AAPA Membership Status NON MEMBER

Education

Institution Wellness University
Graduate Date 03/1975

National Commission on Certification of Physician Assistants (NCCPA)

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<th>NCCPA No.</th>
<th>Certification Status</th>
<th>Year Certification Initially Granted or Regained</th>
<th>Last Reported Date</th>
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<td>1975</td>
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Current and Historical State Licensure

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<th>Locale</th>
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License No.  | Profession | Locale | Expiration Date | Last Reported Date
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TMP25896.PA | PA | ID | 12/31/2009 | 05/20/2019

**National Provider Identifier (NPI) information**

| NPI No. | 1205809340 | Last Reported Date | 10/31/2021 |
---|---|---|---|

**Profile Information**

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