

# REQUIRED DOCUMENTS: PHYSICIAN ASSISTANT

## Only Physician Assistants who are qualified in USA

### **Medical Licensing Questionnaire.**

- Once you've completed the form, it will automatically download onto your computer. If you're physically submitting your documents, please print the form out. If you're submitting your documents electronically, please save the file and make sure to include it in your online document submission.
- Make sure to have your legal name written in English AND in its Hebrew transliteration (DO NOT use your Hebrew name).
- **You must provide an ISRAELI address and cell phone number (can be a phone number of friends/family).**

- ### 1 photocopy of an **Israeli ID/ Current Passport** (if you don't have an Israeli ID)
- Including the address slip and statement of status in Israel (citizen or resident).

### **MS in Physician Assistant Studies or an official letter from the university for eligibility for your diploma provided you haven't yet received a copy of the diploma.**

- If you only have BSC in PA studies, you must send the University Transcript, divided according to semester/year, WITH course descriptions and confirmation of start and end date of studies.
- This document needs authentication, or can be sent directly from the issuing body to [hagai.zilberman@moh.gov.il](mailto:hagai.zilberman@moh.gov.il)

### **Specialist's certificate from abroad (if applicable).**

### **Personal statement describing your professional/clinical work experience over the last few years**

- Including your Hebrew level (rated on a scale from 0-5).

## REQUIRED DOCUMENTS - CONTINUED

- Professional Certificate of Good Standing from the authority authorized to issue this in the state you are licensed.**
  - The certificate states that there are not and were not any disciplinary, negligence or professional ethics complaints against the applicant.
  - **To be sent directly from the medical board of the state in which you are licensed via email to [hagai.zilberman@moh.gov.il](mailto:hagai.zilberman@moh.gov.il) at the Ministry of Health, or via postal service to the Ministry of Health, Licensing Division, C/O Nechama, 39 Yirmiyahu St. P.O.B 1176, Jerusalem 9101002**
  
- Official documentation proving that you've completed 1500 required hours of training**
  - This document needs authentication, or can be sent directly from the issuing body to [hagai.zilberman@moh.gov.il](mailto:hagai.zilberman@moh.gov.il)
  
- Official documentation of NCCPA board certification**
  - If you do not have NCCPA board certification, then **Proof of Employment:** (from 2 of the past 5 years) sent directly to us from your employer to [Hagai.zilberman@moh.gov.il](mailto:Hagai.zilberman@moh.gov.il)
  - This document needs authentication, or can be sent directly from the issuing body to [hagai.zilberman@moh.gov.il](mailto:hagai.zilberman@moh.gov.il)
  
- Official documentation indicating legal change of name, if relevant.**
  
- Proof of Hebrew knowledge/fluency**
  - Via Ulpan passing level Gimmel (or placement test level Daled or higher)
  - Or Yael exam; passing grade of 110
  - Or Hebrew Bagruyot
  - Or Proof of majority of studies in Hebrew