



Submittal Form: Alleged Violations of PAEA Code of Ethics

This Submittal Form and all required forms/documents shall be sent to:

Physician Assistant Education Association
c/o Timi Agar Barwick, CEO
Attention: Chair, Ethics Council
655 K Street, NW
Washington, DC 20001-2385
Email: ethics@PAEAonline.org
Fax: 703-548-5539

Complainant's Name _____ Title _____
Institution _____
Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

Name of the individual/institution named in this complaint _____

Full mailing address, city, state, zip code _____

Telephone _____ Email _____

Section(s) of the PAEA Code of Ethics that allegedly have been violated. Note: You may (1) download and print out the relevant pages of the Code from the PAEA website, circle the relevant section(s), and submit to PAEA via an approved delivery method or (2) list the sections of the Code below. _____

Please provide a statement summarizing how this complaint directly relates to a violation of the PAEA Code of Ethics. _____

Please list all supporting documentation, data, and information that you are submitting:

1. _____
2. _____
3. _____

Complainant's Signature _____ Date _____

Authorization Form: Waiver of Confidentiality. Alleged Violations of PAEA Code of Ethics

NOTE: This authorization form is solely for the purpose of allowing the members of the PAEA Ethics Council to fully review complaints of alleged violations of the PAEA Code of Ethics. Refusal to waive confidentiality shall impede any review efforts put forth by the Ethics Council.

I, _____,
Print Name of Complainant

hereby release PAEA and its members from any liability and authorize the PAEA Ethics Council to release the forms, documents, supporting documentation, and other information I have provided

to _____
Name of Respondent

and members of the PAEA Ethics Council, PAEA Board of Directors, PAEA CEO, and potential witnesses.

Signature of Complainant _____

Complainant's Organization _____

Date _____

Witness Signature _____

Date _____