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## ATTESTATION OF KNOWLEDGE AND SKILLS OF A BOARD CERTIFIED PA

I certify that physician assistant \_\_\_\_\_, NCCPA ID #: \_\_\_\_\_ is able to apply the appropriate knowledge and skills needed for practice in **Hospital Medicine** and has performed the following procedures and patient management relevant to the practice setting and/or understands how and when the procedures should be performed.

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| <ul style="list-style-type: none"> <li>• Paracentesis</li> <li>• Thoracentesis</li> <li>• Chest tube placement</li> <li>• Lumbar puncture</li> <li>• Ultrasonography</li> </ul> | <ul style="list-style-type: none"> <li>• Intubation</li> <li>• Arthrocentesis</li> <li>• Vascular access</li> <li>• Cardiac testing (includes EKG, stress)</li> </ul> |
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In addition, the PA demonstrates an understanding of the following principles of system-based practice in hospital medicine.

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|---|---|
| <ul style="list-style-type: none"> <li>• Care of the hospitalized adult patient, including elderly and vulnerable populations</li> <li>• Communication</li> <li>• Diagnostic decision making</li> </ul> | <ul style="list-style-type: none"> <li>• Drug safety, pharmacoeconomics and pharmacoepidemiology</li> <li>• Evidence-based medicine</li> <li>• Information management</li> <li>• Leadership</li> <li>• Management practice</li> </ul> |
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I further certify that I am a physician, lead/senior physician assistant, or physician/physician assistant post graduate program director working in **Hospital Medicine** and am familiar with the physician assistant's practice and experience in this specialty area.

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I can be reached by NCCPA via the following for additional information or follow up:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_