ATTESTATION OF KNOWLEDGE AND SKILLS OF BOARD CERTIFIED PA

I certify that PA _____, NCCPA ID #: _____is able to apply the appropriate knowledge and skills needed for practice in **Occupational 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:

- Perform a history and physical exam with an emphasis on occupation, pre-existing conditions and any relevant occupational or environmental exposures
- Assess and treat illnesses and injuries, with an understanding of causation and work-relatedness
- Develop treatment plans and patient education materials based on evidence-based medicine
- Demonstrate knowledge of worker's compensation case management and coordination
- Evaluate and manage occupational and environmental infectious disease exposures and conditions, including droplet, contact, and airborne pathogens
- Perform health risk assessments and recommend appropriate protective measures
- Demonstrate knowledge of workplace medical surveillance programs
- Utilize toxicology safety resources, such as Safety Data Sheets, to recognize, evaluate, and manage the health effects of hazardous agents
- Demonstrate the knowledge and skills to determine if a worker can safely perform required job duties
- Demonstrate knowledge of occupational medicine regulations and guidelines from organizations such as NIOSH, OSHA, FMCSA and follow local, state, and federal jurisdictional rules
- Demonstrate ability to interpret applicable occupational related studies, such as audiograms, ECGs, spirometry, other imaging studies, and toxicology assessments
- Evaluate immunization status and titers of vaccine-preventable conditions and recommend appropriate management, including travel pre-exposure prophylaxis

I further certify that I am a physician, lead/senior PA, or physician/PA post graduate program director working in **Occupational Medicine** and am familiar with the PA'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: _____

PLEASE RETURN THIS FORM TO NCCPA VIA FAX, EMAIL OR MAIL TO THE
CONTACT INFORMATION PROVIDED AT THE TOP OF THIS FORM.