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## ATTESTATION OF PA'S KNOWLEDGE AND SKILLS

I certify that PA \_\_\_\_\_, NCCPA ID #: \_\_\_\_\_ is able to apply the appropriate knowledge and skills needed for practice in **Dermatology** 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:

- Administering local anesthesia
- Applying Unna boot
- Interpreting pathology reports
- Performing:
  - bacterial/viral/fungal cultures
  - biopsies (shave, punch, excisional)
  - complete skin exams
  - cryosurgery
  - dermoscopy
  - electrodesiccation and curettage
  - I&D
  - intralesional, intramuscular injections
  - microscopy
  - patch testing
  - surgical excisions
  - Wood's lamp evaluation
- Understanding:
  - appropriate use of imaging studies
  - chemical peels
  - complications of dermatologic procedures
  - laser procedures
  - Mohs appropriate use criteria
  - narrow band UV therapy
  - suture techniques
  - principles of wound care

I further certify that I am a physician, lead/senior PA, or physician/PA post graduate program director working in **Dermatology** 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.