



12000 Findley Road  
Suite 100  
John's Creek, GA 30097  
Phone: 678-417-8100  
Fax: 678-417-8135  
Email: specialtycaq@nccpa.net

## ATTESTATION OF PAS' KNOWLEDGE AND SKILLS

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.

- Paracentesis
- Thoracentesis
- Chest tube placement
- Lumbar puncture
- Ultrasonography
- Intubation
- Arthrocentesis
- Vascular access
- Cardiac testing (includes EKG, stress)

In addition, the PA demonstrates an understanding of the following principles of system-based practice in hospital medicine.

- Care of the hospitalized adult patient, including elderly and vulnerable populations
- Communication
- Diagnostic decision making
- Drug safety, pharmacoconomics and pharmacoepidemiology
- Evidence-based medicine
- Information management
- Leadership
- Management practice

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: \_\_\_\_\_