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Suite 200
Johns Creek, GA 30097
Phone: 678-417-8100
Fax: 678-417-8135
Email: specialtycaq@nccpa.net

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.

- 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, pharmacoeconomics 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 experi-ence 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 (678-417-8135), EMAIL OR MAIL