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

ATTESTATION OF PA'S KNOWLEDGE AND SKILLS

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

With that caveat, the Pediatric Advisory Group developed the following list for the procedures/patient case form:

- History taking and physical examination appropriate for infants, children and adolescents
- Preventive health counseling
- Preoperative management
- Postoperative management
- Intravenous medication administration
- Lumbar puncture
- Venipuncture
- Endotracheal intubation
- Central line insertion
- Peripheral intravenous catheter placement
- Incision and drainage of an abscess
- Simple laceration repair
- Bladder catheterization
- Foreign body removal
- Tympanography
- Spirometry
- Hearing and vision screening
- Circumcision
- Splinting
- Casting
- Adolescent medicine, including gynecological exams and testicular exams
- Wound and burn care

I further certify that I am a physician, lead/senior physician assistant, or physician/physician assistant post graduate program director working in **Pediatrics** 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: _________________________

PLEASE RETURN THIS FORM TO NCCPA VIA FAX (678-417-8135), EMAIL OR MAIL