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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 **Psychiatry** 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.

In determining whether an applicant can satisfy the Specialty Procedures and Patient Case Requirement, consideration should be given to psychiatrist-observed patient case management across a broad range of psychopathology and appropriate treatments that include the following elements of psychiatric patient care and disorders (as appropriate given the applicant's practice setting and area of focus):

- Psychiatric interview, differential diagnosis and treatment plan
- Psychiatric pharmacology
- Treatment implementation/intervention
- Crisis intervention/risk management
- Ethical & legal issues

Disorders:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Mood Disorders • Psychotic Disorders • Substance-related Disorders • Anxiety Disorders • Personality Disorders • Delirium, Dementia, and Cognitive Disorders • Life Cycle and Adjustment Disorders • Childhood Disorders that Persist into Adolescence and Adulthood | <ul style="list-style-type: none"> • Somatoform and Factitious Disorders • Eating Disorders • Sexual and Gender Identity Disorders • Dissociative Disorders • Impulse Control Disorders not elsewhere classified • Sleep Disorders • Ethics and Forensic Issues |
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I further certify that I am a physician, lead/senior physician assistant, or physician/physician assistant post graduate program director working in **Psychiatry** 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: _____