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ATTESTATION OF KNOWLEDGE AND SKILLS OF A BOARD CERTIFIED PA

I certify that PA _____, NCCPA ID #: _____ is able to apply the appropriate knowledge and skills needed for practice in **Obstetrics and Gynecology** 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:

Antepartum Care

- History and physical examination during pregnancy
- Interpret ultrasonography results
- Genetic and lifestyle counseling
- Breastfeeding counseling
- Gestational age-appropriate screening, diagnostic testing and treatment

Antenatal Complications

Intrapartum care

- Fetal monitoring
- Vaginal and cesarean delivery
- Labor induction
- Obstetrical analgesia and anesthesia
- Obstetrical complications

Immediate Labor and Delivery Newborn Care

Postpartum Care

Benign Basic Gynecology

- Pelvic masses
- Pelvic pain
- Abnormal bleeding
- Amenorrhea
- Urogenital infections
- Reproductive endocrinology, including infertility

Gynecology and Breast Oncology

- Risk assessment
- Genetic testing

- Risk-reduction counseling
- Comprehensive care of patients with malignancies

Periodic Health Assessment

- Routine preventive and health maintenance care
- Develop strategies for shared decision making

Focused Areas in Gynecologic Care

- Contraception
- Pediatric/adolescent gynecology
- Spontaneous and induced abortion, including ectopic pregnancy
- Sexual health
- Trauma and abuse
- Breast conditions and disorders
- Initial evaluation of nongynecologic conditions and disorders
- Perimenopause and menopause
- Geriatric care
- Mental health
- Gender affirming care

Surgical Care

- Optimizing perioperative outcomes
- Preoperative considerations
- Intraoperative care
- Postoperative care
- Management of complications

I further certify that I am a physician, lead/senior PA, or physician/PA post graduate program director working in **Obstetrics and Gynecology** or providing obstetric and gynecologic services in a related discipline 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.