

Email: ___

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ATTESTATION OF KNOWLEDGE AND SKILLS OF BOARD CERTIFIED PA

I certi	ify that PA	, NCCPA ID #:	is able to apply	
proce	ppropriate knowledge and skills needed for practice edures and patient management relevant to the practice ld be performed:	in Geriatric Medicine and has p	erformed the following	
•	Assesses what matters most by proving proficiency in goals of care, advanced care planning, and serious illness conversations. Implements shared decision-making to align treatment plan with patient's goals.			
•	Demonstrates proficiency in recognizing polyphar deprescribe and minimize harm from pharmaceut		reactions/interactions, ability to	
•	Assesses cognition through exam and testing; knows when to refer for more formal testing. Recognizes acute changes in mentation.			
•	Demonstrates competency in assessing function, frailty, and timing of need for care transitions and the ability to have conversations with family and/or caregivers regarding need for transitions of care and provides adequate resources and support.			
•	 Provides care to older adults with multiple complex medical conditions, recognizes changes in disease state and need for interdisciplinary care and/or the need to provide referrals for specialty care. 			
•	Identifies and assesses risk for geriatric syndromes.			
•	Demonstrates knowledge of the principles of agin normal aging versus abnormal changes.	g, pathophysiology, and can edu	cate family and caregivers on	
Geriat	ner certify that I am a physician, lead/senior PA, or ph tric Medicine or whose practice routinely includes pr ice and experience with the older adult patients.		_	
Printe	ed Name:			
Title: _				
Signature:		Date:	Date:	
I can l	be reached by NCCPA via the following for additiona	l information or follow up:		
Address:		Phone:		

Fax: