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## PHYSICIAN 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 **Emergency 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.

**Airway Adjuncts: Invasive Airway Management**

- Intubation
- Mechanical Ventilation
- Capnometry
- Non-invasive ventilatory management

- Electrocardiographic Interpretation
- Cardiac Pacing
- Defibrillation/Cardioversion
- Clearing a Cervical Spine
- Fracture/dislocation management

**Anesthesia**

- Local, Digital
- Procedural Anesthesia, Conscious sedation

**Hemodynamic Techniques**

- Peripheral Venous Access
- Arterial access for diagnostics and placement of arterial lines
- Central Venous Access
- Intraosseous infusion

**Advanced Wound Management**

- Incision & Drainage, Wound debridement
- Superficial/Deep wound closure

**Radiographic Interpretation**

- Chest X-ray
- Plain films (bone, soft tissues, abdominal series, etc.)
- CT Scans, MRIs

**Diagnostic/Therapeutic Procedures**

- Soft tissue and joint aspiration
- Lumbar puncture
- Slit lamp examination
- Thoracentesis, Thoracostomy
- Tonometry
- Control of Epistaxis

**Resuscitation**

- Cardiopulmonary
- Fluid

I further certify that I am a physician working in **Emergency Medicine** and am familiar with the physician assistant's practice and experience in this specialty area.

Printed Physician Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I can be reached by NCCPA via the following for additional information or follow up:

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

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