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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 **Hospital 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.**

- |                        |  |
|------------------------|--|
| • Paracentesis         | • Intubation                             |
| • Thoracentesis        | • Arthrocentesis                         |
| • Chest tube placement | • Vascular access                        |
| • Lumbar puncture      | • Cardiac testing (includes EKG, stress) |
| • Ultrasonography      |  |

In addition, the PA demonstrates an understanding of the following principles of system-based practice in hospital medicine.

- |  |  |
|--|--|
| • Care of the hospitalized adult patient, including elderly and vulnerable populations | • Drug safety, pharmacoconomics and pharmacoepidemiology |
| • Communication  | • Evidence-based medicine                                |
| • Diagnostic decision making   | • Information management                                 |
|  | • Leadership   |
|  | • Management practice                                    |

I further certify that I am a physician working in **Hospital 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: \_\_\_\_\_