



12000 Findley Road  
 Suite 100  
 John's Creek, GA 30097  
 Phone: 678-417-8100  
 Fax: 678-417-8135  
 Email: specialtycaq@nccpa.net

## 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 **Nephrology** 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.

Case Management of Patients in One of the Following Nephrology Subspecialties

- End stage renal disease
- Chronic kidney disease
- Kidney transplantation
- Hospitalist care involving acute dialytic therapy

Diagnosis & Management

- Hypertension (primary & secondary)
- Anemia
- Volume management
- Complications of dialysis
- Metabolic bone disease
- Adjustment of medication doses to GFR
- Medication management in patients with compromised renal function
- Vascular access management/complications in hemodialysis
- Nutritional management
- Uremia
- Catheter infections/malfunction
- Vascular access preparation and placement
- Peritoneal dialysis catheter placement
- Acute dialytic therapy
- Assessment/Care/Management of kidney donors and recipients pre- and post-transplant
- Collection/Examination/Interpretation of urine specimens

I further certify that I am a physician working in **Nephrology** 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