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ATTESTATION OF PAS' 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

Anesthesia

- Local, Digital
- Procedural Anesthesia, Conscious sedation

Advanced Wound Management

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

Diagnostic/Therapeutic Procedures

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

• **Electrocardiographic Interpretation**

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

Hemodynamic Techniques

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

Radiographic Interpretation

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

Resuscitation

- Cardiopulmonary
- Fluid

I further certify that I am a physician, lead/senior physician assistant, or physician/physician assistant post graduate program director working in **Emergency Medicine** and am familiar with the physician assistant'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: _____