



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

## ATTESTATION OF KNOWLEDGE AND SKILLS OF A BOARD CERTIFIED PA

I certify that physician assistant \_\_\_\_\_, NCCPA ID #: \_\_\_\_\_ is able to apply the appropriate knowledge and skills needed for practice in **Psychiatry** 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.

In determining whether an applicant can satisfy the Specialty Procedures and Patient Case Requirement, consideration should be given to psychiatrist-observed patient case management across a broad range of psychopathology and appropriate treatments that include the following elements of psychiatric patient care and disorders (as appropriate given the applicant's practice setting and area of focus):

- Psychiatric interview, differential diagnosis and treatment plan
- Psychiatric pharmacology
- Treatment implementation/intervention
- Crisis intervention/risk management
- Ethical & legal issues

Disorders:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>• Mood Disorders</li> <li>• Psychotic Disorders</li> <li>• Substance-related Disorders</li> <li>• Anxiety Disorders</li> <li>• Personality Disorders</li> <li>• Delirium, Dementia, and Cognitive Disorders</li> <li>• Life Cycle and Adjustment Disorders</li> <li>• Childhood Disorders that Persist into Adolescence and Adulthood</li> </ul> | <ul style="list-style-type: none"> <li>• Somatoform and Factitious Disorders</li> <li>• Eating Disorders</li> <li>• Sexual and Gender Identity Disorders</li> <li>• Dissociative Disorders</li> <li>• Impulse Control Disorders not elsewhere classified</li> <li>• Sleep Disorders</li> <li>• Ethics and Forensic Issues</li> </ul> |
|---|--|

I further certify that I am a physician, lead/senior physician assistant, or physician/physician assistant post graduate program director working in **Psychiatry** 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: \_\_\_\_\_