



Meg Pierce, PA-C, Rebekah Doyle, PA-C, Lindsay Mach PA-C,
Amanda Roskey PA-C, Sara Cox Pulayya PA-C

I _____ understand that I'm seeing

***Meg Pierce PA-C or Rebekah Doyle PA-C or
Lindsay Mach PA-C or Amanda Roskey PA-C or Sara Cox Pulayya PA-C
At Parks Dermatology Center at the time of my visit.***

A Physician Assistant Certified (PA-C) is a health professional licensed by the state or credentialed by a federal employer to practice medicine as delegated by and with the supervision of a physician. It means that the person who holds the title has passed the certification exam developed jointly by the National Board of Medicine Examiners and the National Commission on Certification of Physician Assistants (NCCPA). PAC's can meet the needs of patients in a variety of clinical and hospital settings. They perform physical exams, diagnose illnesses, develop and carry out treatment plans, order and interpret lab tests, provide patient education and preventive health care counseling and prescribe medications. A PA-C typically has a bachelor's degree and four years of health care experience. To maintain the "C" after the PA, a physician Assistant must log 100 hours of continuing medical education every two years and take a national recertification exam every six years. This helps ensure there is a core medical and surgical knowledge that each PA-C should attain and maintain.

I _____ understand that I'm seeing

***Rachel Derwick APRN or Maria Cabasos APRN
At Parks Dermatology Center at the time of my visit.***

A nurse practitioner (NP) is an advanced practice registered nurse (APRN) who has completed advanced coursework and clinical education beyond that required of the generalist registered nurse (RN) role. According to the International Council of Nurses, an NP/advanced practice registered nurse is "a registered nurse who has acquired the knowledge base, decision-making skills, and clinical competencies for expanded practice beyond that of an RN, the characteristics of which would be determined by the context in which he or she is credentialed to practice."

Signature _____ Date _____