INTRODUCTION

History of the University

Franklin Pierce University was founded by Frank S. DiPietro in 1962. Originally located in the center of the town of Rindge, the school began by sharing the town’s library and study facilities. In the institution’s founding year, Frank DiPietro also bought the hilltop estate overlooking Pearly Pond in Rindge where the University’s main undergraduate campus is located today.

Throughout the years, Frank DiPietro’s vision has been maintained, that ‘only the small college can provide the intimate relationships between those who learn and those who teach.’

In 1965, the state legislature granted the college statutory authority to grant baccalaureate degrees. Since then, Franklin Pierce has grown in breadth and depth of programming. Through the 1990s and early 21st century, Franklin Pierce increased its undergraduate academic offerings. The University now maintains five centers for Graduate and Professional Studies. In recognition of its place in higher education, Franklin Pierce was formally recognized as a university on July 1, 2007.

University Mission

Franklin Pierce University prepares its students to become active, engaged citizens and leaders of conscience. Whether at the undergraduate, graduate or professional level, its academic programs are grounded in a liberal arts tradition and are unified by the theme of the Individual and Community.

History of the Program

In 2009, the University established the Master of Physician Assistant Studies Program. Students in the Franklin Pierce University Physician Assistant Program attend classes in West Lebanon, New Hampshire. Our facility includes classrooms, seminar rooms, a computer lab and a clinical lab where students learn hands-on practical skills using state-of-the-art training equipment. Students participate in medical simulation exercises at the Patient Safety Training Center located at Dartmouth Hitchcock Medical Center and attend gross anatomy lab at Dartmouth Medical School. The location of the program in West Lebanon and the participation of our regional clinical partners are critical to meeting the goal of addressing primary care provider shortages in rural and underserved regions of Vermont and New Hampshire.

Program Mission and Goals

The mission of the Franklin Pierce University Physician Assistant Program is to graduate competent and compassionate physician assistants who possess the requisite knowledge, skills, and attitudes to provide high quality, patient-oriented primary care in diverse environments. The goals of the Franklin Pierce University Physician Assistant Program are to:

- Prepare students to function as primary care providers in the health care setting while providing enhanced training for those who wish to specialize.
- Educate Physician Assistants to practice patient-centered, holistic medicine; caring for the patient’s body, mind, and spirit.
- Nurture students in the development of their professional role as a collaborative member of the healthcare team and their personal journey to becoming reflective, ethical practitioners.
- Graduate self-directed learners with a desire to engage in critical evaluation of the practice of medicine and the medical literature.
- Recruit students from rural and underserved communities, particularly those from Vermont and central and northern New Hampshire, as well as those from underrepresented populations in medicine.
- Return these students to rural and underserved communities for clinical training and practice.

Accreditation

In accordance with the accreditation processes for all new physician assistant programs, the Franklin Pierce University Master in Physician Assistant Studies (M.P.A.S.) Program has been awarded provisional accreditation by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA, 12000 Findley Road, Suite 240, Johns Creek, GA 30097, (770) 476-1224, arc-pa.org). All students matriculating in a provisionally accredited program are eligible to sit for the National Certification Examination for Physician Assistants. Continuing accreditation status for a program is achieved only after a successful follow-up review and second site visit by ARC-PA. The continuing accreditation review and site visit for the Franklin Pierce PA program will take place in the spring of 2012.

Program Description

The program is a 27 month, full time, day program. In the didactic phase, students are immersed in 13 months of didactic course work which includes lecture, small group case-based learning, role play and hands-on skills practice, clinical experiences in the form of a year-long mentorship, and practice using robotic simulators. The second 13 months involve placement of students in clinical rotations for supervised, hands-on patient care experiences in core disciplines and elective experiences. The final month of the program includes a comprehensive National Board Examination preparatory course.

The students entering the program must have earned a Bachelor’s degree and completed a core of science prerequisites. Many of our students have worked in the health care field as EMT/Paramedics, medical assistants, nurses, and athletic trainers, to name a few of the more common disciplines.

The didactic phase of the program prepares the students for clinical practice through courses in the basic sciences and medicine. They participate in weekly case-based small groups designed to develop and refine their clinical thinking and interact with simulated patients to hone their skills in patient interaction and the diagnosis and treatment of medical conditions. Our students receive OSHA and HIPAA training, learn suturing, casting/splinting, OR and sterile procedures, venipuncture and injection techniques, and receive ACLS certification.

Core Faculty and Staff

Lisa Walker, MPAS, PA-C  
Director, Physician Assistant Studies

Cheryl A. Finsky, MPAS, PA-C  
Assistant Professor

Scott Shipman, M.D., M.P.H.  
Medical Director

Frank A. Ferrucci, MPAS, PA-C  
Assistant Professor

Margery Bower, MPAS, PA-C  
Assistant Professor

Pamela O’Brien  
Program Coordinator

Wendy Pavnick, MPAS, PA-C  
Assistant Professor

Heidi Ballentine  
Administrative Assistant

Tom Moreau, MS, PA-C  
Assistant Professor

Carola Schrank  
Administrative Assistant
The Clinical Rotation

The clinical phase of the program provides students with the opportunity to further develop and refine the knowledge, skills, and attitudes taught during the didactic phase. Supervision provided by practicing physicians, physician assistants, nurse practitioners, nurse midwives, psychologists and social workers in a variety of specialties allows students to experience patient care in the clinical setting, preparing them for their role as member of the health care team. Through role modeling and constructive feedback regarding the student’s skills and abilities, our community preceptors have a lasting impact on the student’s professionalism and practice.

CLINICAL ROTATION COMPETENCIES

Each clinical rotation has specific goals/instructional objectives in addition to the following general competencies. The following represent the general competencies, laboratory skills, diagnostic studies and procedural skills that students are expected to meet during their clinical rotation year.

GENERAL CLINICAL ROTATION COMPETENCIES

During every clinical rotation, PA students will demonstrate the ability to:

1. Identify common medical and/or surgical problems of ambulatory and/or hospitalized patients.
2. Obtain detailed and accurate patient histories and perform appropriate physical examinations (comprehensive and problem-oriented).
3. Collect other data from previous medical records, laboratory reports, other clinicians or staff, etc., as required for complete diagnostic work-up.
4. Identify indications for diagnostic procedures/tests and order as needed, with awareness of cost-effectiveness.
5. Analyze pertinent medical signs and symptoms, diagnostic studies, and laboratory data in the formation of diagnostic and/or management plans.
6. Formulate a differential diagnosis in accordance with their assessment of the patient and prepare a problem list.
7. Implement and monitor health management plans for common, uncomplicated medical/surgical problems, including referral when indicated.
8. Apply the principles of pharmacotherapeutics in the treatment of patients, demonstrating understanding of medication and dose selection, medication interactions, risks, benefits, costs, and contraindications.
9. Interact, educate, and counsel patients at an appropriate level of comprehension, sensitivity, and cultural competency, demonstrating both compassion and respect for all patients.
10. Respond to patient needs which go beyond the scope of the immediate presenting complaint to include the social, emotional, spiritual, economic and environmental aspects of the patient’s problem.
11. Document/chart patient information, including admission notes, discharge summaries, progress notes, initial comprehensive evaluations, problem-oriented notes, consult notes, surgical notes, orders and problem lists, in a complete, clear, and concise manner.
12. Provide an accurate, concise, and well-organized oral case presentation on assigned patients.
13. Assess the urgency of common medical problems in a decisive and accurate fashion, and triage patients accordingly.
14. Apply the principles of health promotion and disease prevention to the clinical care of patients.
15. Provide patient education and counseling to patient and family regarding health problems. This includes explanation of the disease process, extent of injury, therapy, prognosis and available health care services.

16. Function as a member of an interdisciplinary health care team and interact professionally with patients, peers, faculty, staff, and the general public.

17. Function as a health care professional with a positive professional attitude and carry out strategies to promote acceptance of the Physician Assistant role within the professional-patient community.

18. Evaluate current medical literature critically and apply this knowledge and the principles of evidence-based medicine to clinical practices.

19. Recognize limitations and to seek help from supervising preceptors.

20. Demonstrate a willingness to seek out and receive constructive criticism.

21. Demonstrate ability to integrate feedback into their evolving practice and professional role.

22. Demonstrate initiative in seeking a variety of opportunities in the clinical setting.

ROLE OF THE CLINICAL PRECEPTOR

The student assigned to a preceptor has completed the didactic course work and is now ready to apply that knowledge in the clinical setting. For the weeks that the student is in each clinical rotation, he/she needs to experience as much patient interaction as possible in a hands-on manner. Shadowing or observation alone is not satisfactory. Periodic observation of the student by the preceptor is critical and students are not to be used as substitutes for clinical or administrative staff at any time.

What to Expect

PA students vary greatly in the extent of their previous medical experience; therefore, early in the clinical year some students may appear to have more skills than others. PA students should not be compared to Medical Students, as their backgrounds and education are quite different. You should expect that a student in their first 2 or 3 rotations will need a greater degree of supervision and feedback than a student further along in their clinical year.

Supervision

The preceptor is responsible for the overall supervision of the physician assistant student’s educational experience at the clinical site. Teaching and clinical supervision tasks can be delegated to other qualified medical practitioners. Supervision includes continuous availability for consultation and evaluation of the quality of the student’s work. Supervision must include periodic direct observation of the student in patient encounters.

Objectives

Specific instructional objectives will be provided to you and to the students. The preceptor will determine the students’ work schedule and on-call assignments. Students are expected to spend a minimum of 32, and preferably 40 or more, hours per week in the clinical setting.

Teaching

The preceptor should allow time for teaching activities. This can be accomplished in a variety of ways such as structured teaching rounds or chart review periods, reading assignments, informal consultations between patient encounters, and recommending specific conferences.

Vacation

The preceptor should inform the Program and student if he/she is going to take a vacation of one week or greater during a scheduled rotation. The preceptor may delegate the student supervision to another qualified preceptor during brief periods of absence.
Orientation

Generally, the first day of the clinical rotation is the best time to provide a basic orientation for the student. To do this, spend a few minutes getting acquainted and reviewing the program’s goals and objectives for the rotation, as well as the student’s goals and your expectations.

Evaluation of Student Performance

The program requests that preceptors give feedback throughout the course of a rotation. This process allows you to evaluate the student’s ability to take a constructive critique and to integrate your suggestions into their practice of medicine. If significant deficiencies are identified or issues of professional conduct arise, the preceptor is asked to contact the student’s faculty advisor immediately.

Preceptors are asked to complete an informal (verbal) evaluation midway through the rotation and a formal written evaluation early in the final week of the rotation using the program evaluation form. This form will be available through a link to Survey Monkey. It can also be mailed to preceptors if a hard copy format is preferred. The preceptor may consult with other staff members who have worked closely with the student to prepare the final written evaluation.

Evaluations should reflect the student’s clinical competence as accurately as possible. A preceptor’s accurate assessment of the student is critical, as not all students will be observed by Program faculty in each rotation. It is a disservice to the student, the PA profession, and the community to "pass" a student who has identified deficiencies in knowledge, skills, and/or attitude.

The preceptor should review the final evaluation with the student on or near the last day of the rotation. Paper evaluations must be returned to the Physician Assistant Program within one week of the end of the rotation. Evaluations that are not returned in a timely manner may result in the delay of a student’s grade submission or graduation.

If at any time during the clinical rotation, you identify significant deficits in the student’s performance, we ask you to contact the student’s faculty advisor immediately.

Specific Preceptor Responsibilities

1. Orient the student to the work environment and make known your expectations of the student’s role for the rotation. You can use our "Clinical Objectives" as a reference.
2. Provide hands-on learning under your direct supervision. It is expected that students participate in all aspects of patient care in outpatient and inpatient settings, as appropriate. Depending on the type of rotation, this may also include hospital rounds, emergency/urgent care and assisting in the operating room. If you are the lead preceptor in a rotation where the student will be supervised by multiple preceptors, we ask you to facilitate the direct supervision of the student and coordinate evaluations.
3. Facilitate the student’s learning of your specialty through daily interaction. These interactions should form the basis of your direct feedback to the student and allow you to challenge the student to identify areas of insufficient knowledge. These encounters should provide the student a means to identify additional learning needs.

PA students must have the opportunity for supervised, hands-on patient care with a broad range of patients and issues as part of their clinical training. The intensity of the supervision will vary depending on the student’s experience and the preceptor’s comfort. It is typical for a preceptor to start by having the student observing patient encounters. After a day or two of orientation to the practice, it is reasonable to transition to observing the student performing history and physical examinations. Once you are comfortable with the student’s skills, allowing the student to perform H&Ps without direct observation is perfectly appropriate. The student would then present the patient to the preceptor, discuss possible next steps, and complete the patient encounter with the preceptor reviewing and confirming the student’s findings with the patient. Periodic direct observation throughout the rotation is recommended and a student should never discharge a patient without discussing the case with the preceptor first.

Opportunities for practice with clinical procedures are also critical—phlebotomy, starting IVs, wound care, splinting, and Pap smears are some of the basic skills taught during the first year which should be reinforced through practice in clinical rotations.

Students in a surgical setting need to be involved in pre- and post-operative management of patients, as well as the opportunity to observe and, as appropriate, assist in surgical procedures.
4. Provide at least 32-40 hours per week of clinical time for the student, with a maximum of 60 hours per week, including on-call hours. You set the hours for the student as you feel appropriate.

5. As appropriate and available, share resources with the student (books, journal articles, etc.) and provide opportunities to enhance professional development (grand rounds, team meetings, etc.).

6. Complete two evaluations of the student’s performance, one verbally at the midpoint of the rotation and the other a written evaluation at the conclusion of the rotation. If at any time there are concerns about a student’s performance or behavior, we ask you to contact the program immediately.

7. If you are not available at any time you are scheduled to precept to let us know immediately so we can reassign the student(s) to another site. Additionally, if there are multiple preceptors involved in the experience and there is a change in the precepting team, please let us know so we can update this information in our database.

RESPONSIBILITIES OF THE PHYSICIAN ASSISTANT PROGRAM

Preparation
The program will adequately prepare the student for the clinical experience both academically and administratively.

Assignment
The program will be responsible for assigning students to clinical sites that will provide a high quality learning experience.

Instructional Objectives
The program will develop instructional objectives for clinical experiences. The program will provide written objectives to students and preceptors.

Affiliation Agreements
The program will ensure that affiliation agreements are in place with all clinical sites.

Insurance
The program will assure that all students have current, University provided, malpractice insurance. Insurance binders will be mailed to clinical placement sites annually.

Grading
The student’s final grade for the rotation will be based on the preceptor’s evaluation (60%), rotation examination (30%) and a professional conduct component (10%). It will be the faculty advisor’s responsibility to formulate and assign the final grade.

Problems or concerns
The student’s faculty advisor is available to address any problems or concerns the preceptor may have. Please call the program at (603) 298-6617 to discuss any concerns with the faculty advisor. If the advisor is not available, the program director will be glad to take your call. If the situation is urgent and occurs after hours, you may contact the program director at (603) 381-2223.

ROLE OF THE STAFF AND FACULTY
The faculty advisors are responsible for coordinating the educational process during the clinical year. In this role, the faculty advisor provides continuity and serves as a resource for preceptors interacting with the Physician Assistant Program.

He/she works with potential preceptors to develop sites in accordance with rotation goals and instructional objectives. During a student’s clinical rotation, the faculty advisor may visit the clinical site to observe the student’s performance, to discuss the student’s performance with
both the student and preceptor, to review objectives, and to discuss any problems that may have arisen. These visits will be pre-arranged at
the convenience of the preceptor and clinical site.

The program coordinator is a staff person who is responsible for all administrative aspects of the clinical year. He/she will assure that current
affiliation agreements are in place, student health forms are up to date, malpractice binders and student profiles have been mailed, and
students have completed all paperwork necessary to enter a new clinical site.

Student Placements

Each June, preceptors will be asked to complete and return a block schedule, indicating their interest and availability to precept students in
the coming year (beginning in January). Faculty advisors will meet to determine appropriate placements for students. Once students are
matched to their rotation sites, they are not allowed to make changes. Students are advised that circumstances of a preceptor or clinical site
may result in the need to change a particular placement.

Disciplinary Policies/Professional Behavior Violations

Clinical rotations require professional behavior in terms of conduct, attendance, evaluation, dress, confidentiality, etc. Violations reported to
the faculty advisor, either verbally or in writing will be brought to the student’s attention. Depending on the nature and severity of the
violation, it will be dealt with in accordance with the Physician Assistant Program policies as outlined in the Student Handbook.

RESPONSIBILITIES OF THE STUDENT

While on rotations, students must be prepared to travel to assigned sites. Housing is the responsibility of the student. Whenever possible,
the program will assist in identifying housing near the assigned sites. The program does not guarantee that students will be able to remain
near their homes or families during the clinical year.

Accidents & Injuries

Students are required to carry health insurance at all times during their participation in the Physician Assistant Program. For any accidents
and/or injuries that occur during rotations, the student must:

- Immediately seek appropriate attention commensurate with the nature of the injury
- Inform their preceptor and faculty advisor
- Follow the protocols of the host facility

Regarding blood-borne pathogens exposure

All physician assistant students have been educated in universal precautions and OSHA regulations. All physician assistant students are
expected to follow these guidelines. Despite careful attention to these guidelines, students may occasionally come in contact with blood or
other potentially infectious materials.

Students must become familiar with and follow the blood borne pathogen exposure protocols at the rotation site. If an incident occurs it
must be reported to the preceptor and the PA Program. Students should follow the host site protocol and be referred for evaluation. The
student’s health insurance may cover expenses from a blood-borne exposure if the student is deemed responsible for such costs.

Students must report the incident to their faculty advisor immediately. The student should have serologic HIV/HBV testing as soon as
possible after a blood/body fluid exposure and opportunity for retesting in 3, 6, and 12 months following.

Responsibility to Preceptor Site

Physician assistant students are responsible to the personnel in charge of the assigned office, agency, or institution and are expected to
comply with the rules and regulations of such.
Professional Behavior

Students on clinical rotations are representatives of the Franklin Pierce University Physician Assistant Program and the PA profession at large. As such, students are expected to always conduct themselves in a professional manner.

Confidentiality Statement

Professional behavior includes the requirement of strict confidentiality in compliance with HIPAA regulations regarding client/professional interactions. As professionals, physician assistant students are expected to display the highest respect for the privacy of their patients. All Franklin Pierce PA students have received HIPAA training.

Appropriate Dress

Physician assistant students are expected to dress in a professional manner during clinical assignments. This includes a shirt and tie for men and modest, professional attire for women. Clothing must be clean and pressed. No open toed shoes or hats are to be worn in the clinical setting at any time. In certain circumstances, as dictated by the preceptor and/or clinical site, students may be required to wear scrubs.

Physician assistant students must wear their Franklin Pierce University Physician Assistant Program nametags at all times during their clinical rotations. The wearing of short white lab coats is preferred, but may be determined by the preference of the preceptor and clinical site.

Attendance/ Absences

Physician assistant students are expected to attend all clinical rotations for the full time they have been scheduled. The schedule will be determined by the preceptor and should be no less than 32 hours per week and preferably 40+ hours per week. The schedule may include on call responsibilities. Time off is not allowed for job interviews or conferences during the clinical year unless approved by the program. As with other professional training programs, physician assistant students are expected to keep absences to a strict minimum. All absences must be reported to the preceptor and faculty advisor immediately.

Timeliness

It is the responsibility of the student to report to the clinical sites promptly at the times assigned by the preceptor. The student must contact the preceptor if he/she will be late. Repetitive tardiness will be considered unexcused absence and unprofessional conduct and will be dealt with in accordance to the policies outlined in the Program Handbook.

Professional or Interpersonal Concerns

Students are encouraged to initially attempt to resolve any problems or concerns by discussing them in a timely fashion with his/her preceptor. The student should contact their faculty advisor if they are unable to reach a resolution or if issues such as personality conflicts, harassment, or inadequate communication, supervision, or learning are taking place.

FREQUENTLY ASKED QUESTIONS (FAQ) ABOUT PRECEPTING

Q: Who can precept Physician Assistant (PA) students?
A: Physicians who are Board Certified in their specialty area, physician assistants, nurse practitioners, nurse midwives, and psychologists or social workers can all serve as clinical preceptors of PA students.

Q: What is a second year PA student expected to be able to do?
A: Second year PA students should be able to perform comprehensive and focused histories and physical examinations. Their clinical reasoning skills should be refined to the point of developing a list of differential diagnoses and next steps in the diagnosis and treatment of common medical conditions. They have had some practice with patient counseling and education as well as common medical procedures such as phlebotomy, splinting, and wound care. Experience and ability will vary from student to student, as PA students
tend to come from diverse backgrounds. For example, a student who spent 10 years as a paramedic may be quite comfortable performing clinical procedures, but need more practice with patient counseling, while the student who was a clinical social worker before coming to PA school may prove to be exactly the opposite!

Q: Do I have to be responsible for the student for the entire rotation or can the student spend time with others in the practice?

A: Students are allowed to spend time with other qualified practitioners within the practice. All preceptors must be identified to the program and complete a preceptor profile. It is typical for some groups to identify a primary preceptor who will be responsible for coordinating the student’s experience and collecting evaluations. The student can then spend time with several practitioners within the group over the course of the rotation. In a hospital or medical center, students often benefit from spending a day in radiology reading and discussing films, or with other specialty providers as appropriate. This broadens the student’s exposure to multiple aspects of patient care and provides a break for the identified preceptor(s).

Q: Is the student and institution covered in the event of a malpractice issue?

A: Franklin Pierce carries institutional insurance and all students in the Franklin Pierce PA Program are covered by a $1 million/$3 million malpractice binder. This binder will be included in a packet you will receive in advance of the student’s rotation.

Q: Can the student work on weekends and/or be on-call?

A: Yes. The student’s hours are determined at your discretion.

Q: Can the student accompany me on patient rounds at different facilities?

A: Yes, as long as Franklin Pierce PA program has an affiliation agreement with the facility/facilities. If you have questions about what hospitals, long-term care facilities and nursing homes we have affiliation agreements with, please contact the clinical and/or program coordinator.

Q: Can the student document in the patient charts?

A: The preceptor ultimately decides if a student should document in the charts. If the preceptor permits it, all documentation should be reviewed and signed by the preceptor. Hospitals may have their own guidelines/bylaws. It is the responsibility of the preceptor to know these guidelines and to follow the appropriate procedures, instructing the student accordingly. Currently, there are no provisions for PA students to bill for services under Medicare or any other insurance carrier.

Q: What do you want the student to get out of this rotation? Are there any defined Learning Issues?

A: General rotation objectives (found in this handbook) and objectives specific to your specialty (provided with the confirmation of placement) can be used as a guide for clinical experiences. The student should also identify his or her own specific learning objectives for the rotation.

Q: Can I provide the student with reading assignments? Do the students have assignments for Franklin Pierce?

A: Yes. We welcome the opportunity for you as the clinical preceptor to assign readings or assignments that you feel are beneficial to the student’s experience at your site. We also have various assignments specific to each rotation that students must complete.

Q: What is the student capable of and allowed to do in the operating room?

A: During the first year of our Physician Assistant program, the students are familiarized with aseptic technique, surgical scrubbing, surgical instruments, gowning & gloving, suturing, knot tying, and intubation. Students are encouraged whenever possible to act as 1st and 2nd assistants in surgery in order to gain as much "hands-on" surgical experience as possible.
Q: What do I do if the student is not performing to my expectations?

A: First, please address your concerns directly with the student. If this approach fails, please contact the student’s faculty advisor at (603) 298-6617. If the situation is urgent and occurs after hours, please call (603) 381-2223.

Physician Assistant Organizations

1. American Academy of Physician Assistants (AAPA)

   The American Academy of Physician Assistants (AAPA) is the national professional society for Physician Assistants. Founded in 1968, the Academy has chapters in all 50 states, the District of Columbia, and Guam. They also have chapters that represent physician assistants working for the Public Health Service, the Department of Veteran’s Affairs, and all branches of the military.

   The mission of the AAPA is to “promote quality, cost effective, and accessible health care and to promote the professional and personal development of Physician Assistants.” Major activities to accomplish this goal include government relations, public education, research and data collection, and professional development.

   Eighty percent of all practicing physician assistants are members of AAPA. Members are graduates of accredited physician assistant programs and/or those who are nationally certified. Students at accredited programs are also eligible for membership.

   The AAPA’s Physician Assistant Foundation (PAF) provides funds for scholarships and research on the PA profession. The web site for AAPA provides a variety of information on the profession.

   For more information, contact:

   American Academy of Physician Assistants
   950 North Washington Street
   Alexandria, VA 22314-1552
   Phone: (703) 836-2272
   Fax: (703) 684-1924
   Web site: www.aapa.org
   Email: aapa@aapa.org

2. National Commission on Certification of Physician Assistants (NCCPA)

   The National Commission on Certification of Physician Assistants (NCCPA) is an independent organization established to assure the competency of physician assistants. The NCCPA was formed in 1975 by the AAPA and other health professional associations in order to administer a national certifying examination to graduates of accredited PA programs. The initial examination (PANCE) and the re-certification examination (PANRE) are designed to test the medical knowledge and clinical skills of Physician Assistants.

   For more information, contact:

   NCCPA
   12000 Findley Road, Suite 200
   Duluth, GA 30097-1409
   Phone: (678) 417-8100
   Fax: (678) 417-8135
   Web site: www.nccpa.net

3. Physician Assistant Education Association (PAEA)

   Founded in 1972 to help maintain the high quality of PA education, PAEA’s objectives are to encourage communication among the programs and to serve as a national information center on PA education.
PAEA publishes the “National Directory of PA Programs”, giving complete information on the names, locations, requirements, tuition, length, and degree(s) awarded for each of the accredited PA programs. The directory is available to the public for a small fee.

For more information, contact:

Physician Assistant Education Association
300 N. Washington Street, Suite 505
Alexandria, VA 22314-1552
Phone: (703) 548-5538
Fax: (703) 684-1924
Web site: www.paeonline.org

4. The Physician Assistant Academy of Vermont (PAAV)

The Physician Assistant Academy of Vermont (PAAV) was established to act as the constituent chapter of the AAPA within the State of Vermont. The PAAV annual conference is held in January and has been highly regarded as one of the best CME conferences in the region, attended by physicians, nurse practitioners, as well as physician assistants.

For more information, contact:

45 Lyme Road, Suite 304
Hanover, NH 03755
Tel: (603) 643-2325
Fax: (603) 643-1444
Website: www.paaav.org
Email: paav@conmx.net

5. The New Hampshire Society of Physician Assistants (NHSPA)

The New Hampshire Society of Physician Assistants (NHSPA) was established to act as the constituent chapter of the AAPA within the State of New Hampshire.

For more information, contact: http://www.nh-spa.org/

Physician Assistant Facts

1. There are over an estimated 68,000 practicing PA's as of 2008.
2. There are 152 PA programs that are accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). ARC-PA is recognized by the Council for Higher Education Accreditation (CHEA).
3. As of 2008, 113 programs award a master’s degree, 21 award a bachelor’s degree, 3 award an associate degree and 5 award certificates.
4. Typical PA programs last for 24-32 months. The average program is 26 months long.
5. All 50 states, the District of Columbia and Guam have laws that authorize PA's to prescribe medications.
6. The average salary for a PA who works 32 hours a week is $89,987. For the new graduate the average salary is $76,232.
7. Every state along with the District of Columbia, Guam, the Commonwealth of the Northern Mariana Islands and the Virgin Islands has their own laws and regulations governing PA practice. PAs are typically licensed through the Board of Medicine in the state that they are employed.
8. Only graduates of an accredited PA program can sit for the Physician Assistant National Certification Examination (PANCE). Every two years a PA must obtain 100 hours of continuing medical education to maintain his/her certification and all PAs must recertify every six years by taking and passing the Physician Assistant National Recertification Examination.