Indiana University Health

Attestation of Clinical Experience Advanced Practice Provider
NP, CNM, CNS, PA-C, CRNA, CAA, CGC, Psychologist, Neuropsychologist

Name: _____ **Date:** _____

Pertinent Age Groups: (Specify all that apply)

___ Infant (Birth-12 months) ___Toddler/Pre-school/School Age (13 months-12 years)

___ Adolescent (13-18 years) ___ Early/Middle Adult (19-59 years) ___ Late Adult (60+ years)

You need only respond to those items that you are requesting in your current application.

General Tasks	Years of Experience	General Task	Years of Experience
Assess/Plan/Evaluate		Assist with Drug Therapy	
Clinical Documentation		Order/Coordinate Therapy/Care	
Order/Interpret/Diagnostic Studies		Discharge Preparations/Dictation	
Formulate Differential Diagnosis		Research Activities	
Perform History and Physical		Teaching Activities	
Mental Status Assessment		Referral/Consultation Activities	
Other (specify)			

You need only respond to those items that you are requesting in your current application.

Procedure	Yrs. of Experience	Estimated Number	Procedure	Yrs. of Experience	Estimated Number
Peripheral Venous Access			Endotracheal Intubation		
CVP Access/Management			Hemodynamic Monitoring (Swan-ganz) management of		
CVP Catheter Placement			Central Line Placement/Management including PICC		
Arterial Puncture			Chest Tube Insertion/Removal management		
Arterial Line Insertion			Mediastinal Tube management/Removal		
EKG			Management/Removal intracardiac lines		
Paracentesis			Mylogram (PA-C Radiology)		
Thoracentesis			Incision and Drainage		
Initial CPR in Emergency			Pericardiocentesis		
Thoracostomy Tube Insertion			Discontinuation of pacing wires		
Thoracostomy Tube Removal			Peritoneal lavage		
HCT Monitoring			Thoracentesis		
Wet Smears/ Cultures			Arthrocentesis		
Bone Marrow Aspiration/Biopsy			Digital Blocks		
Bone Marrow Product Admin.					

Procedure	Yrs. of Experience	Estimated Number	Procedure	Yrs. of Experience	Estimated Number
Dental Blocks			Paranchia drainage		
Apply and remove orthopedic casts and traction			Apply splints		
Reduce closed dislocations and fractures			Insert indwelling urinary catheters		
Remove foreign bodies			Removal of hemodialysis catheters		
Episaxsis anterior/posterior packs			Seldinger Technique		
Intraarticular injection			Removal Tunnelled catheters		
Removal non-tunnelled catheters			Umbilical Vessel Catheterization		
Arterial Sheath Removal			Bladder Tap		
Lumbar Puncture			Infant Exchange Transfusion		
Suture/Staple Removal			Psychiatric Clinical Assessment		
Simple Wound Closure (non-OR)			Mental Status Examination		
Dressing Changes			Psychiatric Diagnostic Summary		
Ommaya Reservoir			Psychiatric Therapeutic Interventions/ Evaluations		
Holter Monitor Management			Psychiatric Case Management/Treatment Planning		
Pleural Biopsy			Individual Therapy--Psychiatric		
Conscious/ Moderate Sedation			Group Therapy--Psychiatric		
Unna boot application			Family/Couples Therapy--Psychiatric		
IUD Placement			Other in Specialty: (specify)		
OR Procedures (requires separate form)			Anesthesia/OB-Admin. Local/Pudendal/ Paracervical Agents		
Amniotomy/ Amnioinfusion			Attend/Conduct Normal Vaginal Delivery		
Placement of Ripening Agents/OB			Attend High Risk Delivery		
Limited fetal ultrasound			Infant Resuscitation		
Fetal Scalp Electrodes			IUP Monitoring		

<u>One</u> of the following should complete/sign this attestation below:

<u>Training Program Director</u>: I attest that the clinical training has been successfully obtained in the skills indicated above**.**
<u>Previous Supervising Physician:</u> I attest that the applicant has demonstrated competency in the skills indicated above.

To my knowledge, the applicant does not have any medical or psychiatric condition(s) that may affect his/her ability to practice or exercise the clinical privileges or responsibilities typically associated with the specialty and position for which the application is being made.

Printed Name & Title: _____ **Signature:** _____

Institution: _____ **Location:** _____

Phone: _____ **Email:** _____