

National Commission on Certification of Physician's Assistants  
3384 Peachtree Road, Suite 560  
Atlanta, Georgia 30326  
404-261-1261

May 11, 1981

Dear Dr. Rosen:

In addition to the Surgery Examination registration materials, I'm enclosing a few Primary Care applications and brochures. Let me know if you need an additional supply.

Sincerely,



Jan Mathias

**National Commission  
on Certification of  
Physician's Assistants, Inc.**

**Announcement of the**

**1981  
NATIONAL  
CERTIFYING  
EXAMINATION  
FOR**

**PRIMARY CARE  
PHYSICIAN'S  
ASSISTANTS**

**October 14, 15, 16, 17**



**3384 Peachtree Road, N. E., Suite 560  
Atlanta, Georgia 30326**

# National Commission on Certification of Physician's Assistants, Inc.

Announcement of the

1981

## NATIONAL CERTIFYING EXAMINATION FOR PRIMARY CARE PHYSICIAN'S ASSISTANTS

October 14, 15, 16, 17

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### Member Organizations

*American Academy of Physician Assistants  
American Medical Association  
American Academy of Family Physicians  
American Academy of Pediatrics  
American College of Physicians  
American College of Surgeons  
American Hospital Association  
American Nurses' Association  
American Society of Internal Medicine  
Association of American Medical Colleges  
Association of Physician Assistant Programs  
U.S. Department of Defense  
Federation of State Medical Boards of the U.S.*

1981  
**NATIONAL CERTIFYING EXAMINATION  
FOR PRIMARY CARE PHYSICIAN'S ASSISTANTS**  
October 14, 15, 16, 17

This certifying examination has been designed to assess the competence of physician's assistants<sup>1</sup> in carrying out a variety of health care functions normally encountered in primary care.<sup>2</sup> These functions have been identified as ones that physician's assistants should be skilled in performing and are summarized on pages 9-10 of this Announcement.

**EXAMINATION SCHEDULE.** The all-day written component of this certifying examination is scheduled for Friday, October 16, 1981. It consists of:

*Written:*

**Morning Session** — a multiple-choice examination designed to assess the candidates' knowledge related to clinical material presented in printed and pictorial form.

**Afternoon Session** — a programmed testing technique involving simulated clinical cases in adult and pediatric medicine designed to assess the candidates' skill in gathering pertinent information about patients and in making appropriate management decisions.

*Practical:*

Candidates will also undergo a one-hour assessment of their physical examination skills on either Wednesday, October 14, Thursday, October 15, or Saturday, October 17. Reporting times will be assigned, and under no circumstances can individual requests for alterations be considered. This practical assessment will consist of an evaluation of the candidates' proficiency in performing various components of the physical examination.

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<sup>1</sup>The term "physician's assistants" is used generically and includes Medex, child health associates, nurse practitioners, and others.

<sup>2</sup>Primary care is defined as: General or Family Practice, General Internal Medicine, and General Pediatrics. Development of this examination was supported in part under Contract No. HRA-N01-AH-34031 with the U.S. Public Health Service, Department of Health, Education and Welfare, and under grants from the Robert Wood Johnson Foundation and the W. K. Kellogg Foundation.

All candidates must take both the written and practical components of the examination; failure to take all components of the examination is cause for invalidation of test scores, and results will not be provided. More detailed information regarding the examination, including specific reporting times and locations for testing, as well as sample test questions for review, will be provided with admission cards to be mailed approximately one month prior to the examination.

#### **ELIGIBILITY REQUIREMENTS.\***

##### **GRADUATES OR STUDENTS OF FORMAL EDUCATIONAL PROGRAMS**

Individuals are eligible to register for this examination if their training has been completed or will be completed by February 1, 1982, from:

1. A program that has been accredited or has received preliminary accreditation by the AMA Committee on Allied Health Education and Accreditation for the education of primary care physician's assistants or surgeon's assistants, or
2. A program at least *one academic year* in duration that trains pediatric or family nurse practitioners and additionally meets *one* of the following criteria:
  - a. Is accredited by ANA (see page 10—note);
  - b. is within an NLN-accredited school of nursing (see page 10—note);
  - c. is within an LCME-accredited school of medicine (see page 10—note).

Failure to graduate from an approved program by February 1, 1982, will result in the withholding of test scores. Examinees failing to graduate will not be certified. Graduation will be verified by appropriate program personnel.

##### **PHYSICIAN'S ASSISTANTS WHO HAVE NOT BEEN TRAINED IN FORMAL EDUCATIONAL PROGRAMS DESCRIBED ABOVE (INFORMALLY TRAINED)**

Individuals are eligible to register for this examination if they meet *all* of the following requirements:

1. Have a high school diploma or a general equivalency certificate.
2. Have had four (4) years of full-time medical clinical experience as a physician's assistant or nurse practitioner since January 1, 1977.

\*NCCPA evaluates applications on the stated criteria alone and without regard to age, sex, national origin, race, color, religion, sexual preference, marital status, or handicap.

(Summary of Health Care Functions of the physician's assistant is listed on pages 9-10.) This experience must have been acquired within the United States or in the uniformed services of the United States.

3. The details of an applicant's employment history must and will be verified by NCCPA by contacting the employing physician(s) and will then be evaluated in relation to specific work criteria.

**REGISTRATION PROCEDURES.** Detailed instructions for completing the application are included in this Announcement (pages 11-15). Applicants are advised to read the instructions before completing any item of the application and to answer all appropriate items. Failure to complete the application properly will delay registration and may prevent obtaining choice of test center.

1. **Registration Fee:** A registration fee of \$275.00 must be attached to each application. \$95.00 of this amount is a nonrefundable Application Fee. The \$180.00 Examination Fee will be refunded to candidates deemed ineligible to take the examination. A cancelled check does not constitute examination eligibility. *A check or money order payable to NCCPA for \$275.00 must accompany each application.*
2. **Third-Party Payers:** If the registration fee is to be paid by a third party (e.g., employer, training program), a check or money order in the amount of \$275.00 must still accompany the application. Purchase orders from third-party payers will be processed as soon as they are received by NCCPA, and when funds are collected from the third-party payers, the registration fee will be refunded to the applicant.
3. **Application Deadline:** Applications must be postmarked on or before June 29, 1981, in order to avoid a late registration fee.
4. **Late Applications:** NCCPA will process applications postmarked between June 30 and July 13, 1981, provided that a nonrefundable Late Fee of \$25.00 is included with the registration fee. *Applications submitted during the late registration period but without the \$25.00 Late Fee, or postmarked later than July 13, 1981, will not be processed.*
5. **Photograph:** A passport-type photograph of the applicant must be securely attached to the form provided.

6. **Eligibility Notification:** The mailing of eligibility notifications will begin during the week of September 21. Candidates who have not received notification by October 2 should contact NCCPA immediately.

**CHOICE OF EXAMINING CENTER.** A list of examining centers for October, 1981, is given on pages 22-24 of this Announcement. Candidates are instructed to identify first, second, and third choices (see page 12). *Applications are processed in the order in which they are received.* To help ensure obtaining first choice of test center, it is imperative that candidates complete and return their applications to NCCPA as soon after receiving them as possible. If all three center choices are filled when the application is received, the candidate will be assigned to the nearest center with available space, advised of the reassignment, and given the opportunity to seek an alternative.

In the event that too few candidates have requested a given center, it may be necessary, at the close of registration, to cancel the examination in that center. Candidates will then be assigned to their second or third choice of center, if space permits, or the nearest center with available space.

The name and address of the center assignment, as well as reporting times, will be printed on each admission card.

Center changes will be made, if space is available, in response to written requests received at least six weeks prior to the examination. The fee for a center change is \$25.00. A check payable to NCCPA in this amount should be enclosed with the request. Requests for center changes will be processed only if made in writing and accompanied by the fee payment.

**WITHDRAWALS, CANCELLATIONS, AND REFUNDS.** Candidates who are registered for the examination and who fail to appear forfeit their \$180.00 Examination Fee. The \$95.00 Application Fee and \$25.00 Late Fee are nonrefundable.

Candidates who cancel, fail to appear, or do not complete all components of the examination must reapply at the time they wish to register for a subsequent examination and pay the full registration fee.

Candidates who voluntarily withdraw prior to the examination must do so in writing before any applicable refund will be processed.

Refunds of the \$180.00 Examination Fee are allowed as follows:

1. Full refund if candidate is ineligible;
2. Full elective refund up to 60 days prior to examination;
3. Elective refund of 50% 60-40 days prior to examination;
4. Elective refund not to exceed 50% of the \$180.00 Examination Fee at the discretion of NCCPA less than 40 days prior to examination;
5. No elective refund later than two weeks prior to examination.

**EXAMINATION RESULTS.** Results will be mailed to candidates during mid-January, 1982. In the event of failure on the October examination, candidates may apply for reexamination at the time of the next administration and must retake all components. An application and Announcement of the next administration of the certifying examination will be sent to any candidate who fails the examination.

Candidates who fail the examination and who would like their examination components rescored by hand should submit a written request to NCCPA within six months of the examination, along with the appropriate fee by check payable to NCCPA. Rescoring fees are as follows:

MCQ Component Only . . . .	\$15.00
PMP Components Only . . . .	\$20.00
CSP Component Only . . . .	\$15.00
Entire Examination . . . . .	\$50.00

Written requests for rescoring must state specifically which component(s) is (are) to be rescored. Results are generally reported in writing within three weeks after receipt of payment.

A hand scoring provides only confirmation that a score was correct as reported or a correction in the score in the extremely unlikely event that there was an error. The many verification procedures built into the machine-scoring process make a change in score an extremely remote possibility.

**VALIDITY OF SCORES.** The integrity of the scores awarded examinees for their performance on NCCPA examinations is protected by every means available. All possible efforts are expended to assure that the tests are administered under standard conditions and in conformity with the principles on which the test and its scoring are

*over*



founded. These efforts are made to assure that no examinee or group of examinees receives, either advertently or inadvertently, unfair advantages in the test.

Any score that the NCCPA determines does not represent a reasonable assessment of the examinee's knowledge or competence sampled by the examination shall be deemed irregular. The answer sheets of all examinees are monitored and may be analyzed statistically for purposes of detecting irregular scores.

Irregular behavior during an administration of an examination, such as giving or obtaining unauthorized information or aid, as evidenced by observation or statistical analysis of answer sheets, constitutes sufficient cause to invalidate an examinee's score, terminate his or her participation in the examination, or take other appropriate action.

If evidence which suggests scores may be irregular because of either deliberate or inadvertent behavior of an examinee is brought to its attention, the NCCPA may withhold an examinee's score until determination is made as to whether, in the opinion of the NCCPA, the performance of the examinee is a reasonable assessment of the knowledge or competence sampled by the test. If the NCCPA determines that a score is irregular, it will notify the examinee of the basis of its decision and the options for corrective action. Such an examinee may be permitted to take another examination immediately, may be admitted to a future examination by specific action on the part of the NCCPA, or may be disqualified for future examinations and as a candidate for certification by the NCCPA. After disqualification, an examinee may be admitted to future examinations or restored to candidate status by the NCCPA after receipt of satisfactory evidence of the examinee's continued good standing and progress as a PA student or physician's assistant.

All applicants for examination must acknowledge that they are aware of these regulations for maintaining the validity of individual scores by signing the following statement which is included in their application:

"I certify that the information supplied in this application is true and accurate to the best of my knowledge. I acknowledge that the NCCPA may refuse to accept this application, may decline to permit me to take the examination, may invalidate my scores on this examination, or may decline to send me a certificate if it

receives evidence satisfactory to it that any of the statements I have made in this application, or in any other submission to the NCCPA, including prior applications, are not true and accurate. I also acknowledge that, if the NCCPA receives statistical or other evidence indicating to its satisfaction that for any reason my answers do not constitute a reasonable measure of my knowledge and competence with respect to the subject matter sampled by this examination, the NCCPA may invalidate and withhold my scores. I also acknowledge that I have received and read in its entirety the *Announcement of the National Certifying Examination for Primary Care Physician's Assistants*, particularly the section entitled 'Validity of Scores.'"

**SUMMARY OF HEALTH CARE FUNCTIONS.** This certifying examination is designed to assess the candidates' knowledge, and skill in applying knowledge, related to health care functions that have been identified as ones that primary care physician's assistants should be skilled in performing. The following list is to be viewed as a guide to the content of the examination. It is not intended to be specific or all-inclusive.

1. screen patients to determine need for medical attention
2. review patient records to determine health status
3. take a patient history
4. perform a physical examination
5. perform developmental screening examinations on children
6. record pertinent patient data
7. make decisions regarding data gathering and appropriate management and treatment of patients being seen for the initial evaluation of a problem or the follow-up evaluation of a previously diagnosed and stabilized condition
8. prepare patient summaries
9. initiate requests for commonly performed initial laboratory studies
10. collect specimens for and carry out commonly performed blood, urine, and stool analyses, and cultures
11. identify normal and abnormal findings on history, physical examination, and commonly performed laboratory studies

12. initiate appropriate evaluation and emergency management for emergency situations (e.g., cardiac arrest, respiratory distress, injuries, burns, hemorrhage)
13. perform clinical procedures, such as:
  - a. venipuncture
  - b. intradermal tests
  - c. electrocardiogram
  - d. care and suturing of minor lacerations
  - e. casting and splinting
  - f. control of external hemorrhage
  - g. application of dressings and bandages
  - h. administration of medications, intravenous fluids, and transfusion of blood or blood components
  - i. removal of superficial foreign bodies
  - j. cardiopulmonary resuscitation
  - k. audiometry screening
  - l. visual screening
  - m. carry out aseptic and isolation techniques
14. provide counselling and instruction regarding common patient problems.

**CHANGE OF ADDRESS.** Candidates are responsible for notifying NCCPA of a change in mailing address throughout the registration process and following the examination. *Failure to do so may result in delays in receiving information, even loss of important mail.*

**NOTE:** Effective for the 1983 examination, all formally trained candidates, including nurse practitioners, must be graduates of programs accredited by the AMA Committee on Allied Health Education and Accreditation.

**INSTRUCTIONS FOR COMPLETION  
OF THE APPLICATION FORM  
FOR THE  
NATIONAL CERTIFYING EXAMINATION  
FOR PRIMARY CARE PHYSICIAN'S ASSISTANTS**

The following instructions correspond to those items of the Application Form that can cause processing problems and delays if they are not completed correctly. Please read them with care before completing any item of the Application Form, and supply all appropriate information regardless of whether you have applied for the examination in previous years. *Your eligibility to take the certifying examination is to be determined in accordance with the eligibility requirements published on pages 4-5 of this Announcement.*

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**APPLICATION FORM SECTIONS:**

1. **NAME.** Print your first name, middle name or initial, and last name, one letter to a box, in the spaces provided. If you use a title (e.g., Jr. or III), skip one box following your last name and enter this title, one letter to a box. If your name contains an apostrophe or hyphen, include the punctuation in the appropriate box. Skip a box where a space would normally appear in your name (e.g., Van Dyke). *This is how your name will appear on your certificate.*
2. **SEX.\*** Complete as appropriate.
3. **SOCIAL SECURITY NUMBER.** Complete as appropriate.
4. **TELEPHONE NUMBERS.** Record both your residence and, if applicable, business telephone numbers in the boxes provided. Be certain to include the area code.

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\*This information is required for statistical purposes only and will in no way affect your eligibility to take the examination. Your cooperation in completing this section is requested in order to collect survey data, but is not mandatory.

**5. MAILING ADDRESS TO BE USED FOR ALL COMMUNICATION FROM NCCPA ABOUT THIS APPLICATION.** Your admission card will be sent to this address approximately one month prior to the examination. Enter your address, printing only one number or letter in each box. Skip a box where a space would normally appear. If your address contains an apostrophe, hyphen, or comma, include the punctuation in the appropriate box. Use clear abbreviations wherever necessary to fit your address into the available boxes. (A list of Post Office approved abbreviations is given on page 16. This list should be used for this and all subsequent sections that call for an address or location.) If you find you cannot abbreviate a long address understandably, complete the address in the unboxed area to the right of the boxes. Be sure to enter your zip code in the boxes provided. If this address is outside the U.S.A., enter the names of the city and province or country (rather than state) in the appropriate boxes.

**6. DATE & PLACE OF BIRTH.** Complete as appropriate.

**7. EXAMINATION CENTER.** Refer to the Examination Center List on pages 22-24 of this Announcement. Make your first, second, and third choice center selections. Enter the corresponding code number for each choice in the boxes provided, along with the respective center location (city and state). Be careful to enter the correct center code number for each choice; a mistake here could result in your being assigned to a center you do not want.

Applications will be processed in the order in which they are received, and center assignments will be processed in the order which you specify under this section of the Application Form. If all three centers are filled at the time your application is processed, you will be assigned to the nearest center with available space, notified of such a revised assignment, and given the opportunity to seek an alternative.

The name and address of your center assignment, as well as reporting times, will be printed on your admission card.

Center changes will be made, if space is available, in response to written requests received at least six weeks prior to the examination. The fee for a center change is

\$25.00. A check payable to NCCPA in this amount should be enclosed with the request. Requests for center changes will be processed only if made in writing and accompanied by the fee payment.

8. **PERMANENT HOME ADDRESS.** Enter your permanent home address, printing only one number or letter in each box. (See detailed directions under Item No. 5 of these instructions.)
9. **EXAMINATION HISTORY.** Complete as appropriate.
10. **MILITARY.** Complete as appropriate. (Note: The small numbers which appear under some of the response boxes in this and subsequent sections of the Application Form are computer processing codes. Please disregard them entirely in completing this Application Form.)
11. **ETHNIC ORIGIN.\*** Complete as appropriate.
12. **CITIZENSHIP.** Complete as appropriate.
13. **HIGH SCHOOL EDUCATION.** Indicate if you have received a high school diploma or general equivalency certificate. Enter the name, city, and state of the high school from which you graduated. Specify the date you received your high school diploma or general equivalency certificate.
14. **POST-SECONDARY EDUCATION.** Complete if applicable, listing the colleges, universities, or technical schools you have attended since completing high school, *excluding attendance in approved training programs listed on pages 17-21 of this Announcement.* Please be certain to total the number of *months* of post-secondary education you have obtained.
15. **PREVIOUS HEALTH EXPERIENCE.** Complete as appropriate, entering the number of *months* of previous health experience you have acquired in any applicable health-related profession.

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\*This information is required for statistical purposes only and will in no way affect your eligibility to take the examination. Your cooperation in completing this section is requested in order to collect survey data, but is not mandatory.

16. **PROFESSIONAL EDUCATION.** Complete as appropriate. Refer to the Approved Training Program Codes listed on pages 17-21 for official code numbers and name of approved training programs. *Record your program code number accurately. Be sure to enter all four numbers.*
17. **APPLICATION STATEMENT AND SIGNATURE.** Read this statement carefully before signing your name in the space provided. *Your application will not be accepted for processing unless you have signed this statement.*
18. **(OPTIONAL) PROFICIENCY EXAMINATION IN SURGERY FOR PHYSICIAN'S ASSISTANTS.** Read the leaflet enclosed in the Announcement brochure carefully, and check the box only if you do wish to register for this *optional* examination component. If you check the box, add \$115.00 to your total registration fee payment.
19. **DATE OF APPLICATION.** Complete as appropriate.
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—FORMALLY TRAINED APPLICANTS (graduates or students of approved training programs): Complete EXAMINEE IDENTIFICATION FORM (FORMALLY TRAINED), Item No. 20.

INFORMALLY TRAINED APPLICANTS (*not* graduates or students of approved training programs): Complete PAGES 3-4 (Items 21-24) and EXAMINEE IDENTIFICATION FORM (INFORMALLY TRAINED), Item No. 25.

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20. **EXAMINEE IDENTIFICATION FORM (FORMALLY TRAINED).** Complete this item only if you are a graduate or student of an approved training program. This Examinee Identification Form constitutes a vital part of your record, and *all information requested must be provided.* DO NOT DETACH THIS FORM FROM YOUR APPLICATION.

*Note: Items 21-25 are to be completed by Informally Trained applicants only.*

21. **PROFESSIONAL ADDRESS.** Enter your current business mailing address, printing only one number or letter in each box. (See detailed directions under Item No. 5 of these instructions.)

22. **PREVIOUS PA EDUCATION.** Complete as appropriate.
23. **EMPLOYMENT HISTORY.** Provide your complete employment history since January 1, 1977, beginning with your current or most recent employment. The physician-supervisors listed will normally be contacted for verification of your employment. It is imperative that you provide NCCPA with your physician-supervisors' (past and present) *current* business mailing addresses and telephone numbers. *Failure to do so may seriously delay a decision regarding your eligibility.*
24. **PHYSICIAN'S VERIFICATION.** Have your current physician-supervisor verify and sign this application, giving the exact date of signature and his/her State Medical License Number. *This signature must be notarized.*
25. **EXAMINEE IDENTIFICATION FORM (INFORMALLY TRAINED).** Complete this item only if you are *not* a graduate or student of an approved training program. This Examinee Identification Form constitutes a vital part of your record, and *all information requested must be provided.* **DO NOT DETACH THIS FORM FROM YOUR APPLICATION.**

**MAIL COMPLETED APPLICATION (INCLUDING FEE) TO: Registrar, National Commission on Certification of Physician's Assistants, 3384 Peachtree Road, N.E., Suite 560, Atlanta, Georgia 30326.**



## POST OFFICE APPROVED ABBREVIATIONS

### FOR STATES AND TERRITORIES:

Alaska . . . . . AK	Montana . . . . . MT
Alabama . . . . . AL	Nebraska . . . . . NE
Arizona . . . . . AZ	Nevada . . . . . NV
Arkansas . . . . . AR	New Hampshire . . . . . NH
California . . . . . CA	New Jersey . . . . . NJ
Canal Zone . . . . . CZ	New Mexico . . . . . NM
Colorado . . . . . CO	New York . . . . . NY
Connecticut . . . . . CT	North Carolina . . . . . NC
Delaware . . . . . DE	North Dakota . . . . . ND
District of Columbia . DC	Ohio . . . . . OH
Florida . . . . . FL	Oklahoma . . . . . OK
Georgia . . . . . GA	Oregon . . . . . OR
Hawaii . . . . . HI	Pennsylvania . . . . . PA
Idaho . . . . . ID	Puerto Rico . . . . . PR
Illinois . . . . . IL	Rhode Island . . . . . RI
Indiana . . . . . IN	South Carolina . . . . . SC
Iowa . . . . . IA	South Dakota . . . . . SD
Kansas . . . . . KS	Tennessee . . . . . TN
Kentucky . . . . . KY	Texas . . . . . TX
Louisiana . . . . . LA	Utah . . . . . UT
Maine . . . . . ME	Vermont . . . . . VT
Maryland . . . . . MD	Virginia . . . . . VA
Massachusetts . . . . . MA	Virgin Islands . . . . . VI
Michigan . . . . . MI	Washington . . . . . WA
Minnesota . . . . . MN	West Virginia . . . . . WV
Mississippi . . . . . MS	Wisconsin . . . . . WI
Missouri . . . . . MO	Wyoming . . . . . WY

### FOR STREET ADDRESSES:

Avenue . . . . . AVE	Heights . . . . . HTS	Port . . . . . PT
Boulevard . . BLVD	Highway . . . HWY	Road . . . . . RD
Broadway . BDWY	Lake . . . . . LK	Route . . . . . RT
Circle . . . . . CIR	Lane . . . . . LN	South . . . . . S
Court . . . . . CT	Mount . . . . . MT	Square . . . . . SQ
Drive . . . . . DR	Mountain . . MTN	Street . . . . . ST
East . . . . . E	North . . . . . N	Terrace . . . . . TER
Expressway EXPY	Park . . . . . PK	Trail . . . . . TRL
Fort . . . . . FT	Parkway . . . PKWY	Trailer . . . . . TRLR
Garden . . . . . GDN	Place . . . . . PL	Turnpike . . . TPKE
Headquarters . HQ	Point . . . . . PNT	West . . . . . W

## APPROVED TRAINING PROGRAM CODES

### ALPHABETICAL LISTING

#### PHYSICIAN'S ASSISTANT

- 1001 Alabama, University of
- 1002 Albany Medical College
- 1003 Alderson-Broaddus College
- 1005 Baylor College of Medicine
- 1006 Bowman Gray School of Medicine
- 1008 Casa Loma College
- 1053 Catawba Valley Technical Institute
- 1055 Charles Drew Postgraduate Medical School
- 1044 Cincinnati Technical College
- 1004 City College/Harlem Hospital
- 1009 Colorado, University of, Child Health Associate
- 1046 Colorado, University of, Ob-Gyn Associate
- 1063 Community College of Allegheny County
- 1040 Community Health Medic/Gallup
- 1039 Cuyahoga Community College
- 1010 Duke University Medical Center
- 1011 Emory University School of Medicine
- 1045 Essex Community College
- 1012 Florida, University of, College of Medicine/Santa Fe  
Community College
- 1038 Fort Sam Houston, U.S. Academy of Health Sciences
- 1059 Gannon University
- 1013 George Washington University School of Medicine
- 1020 Georgia, Medical College of
- 1014 Hahnemann Medical College
- 1056 Howard University College of Medicine
- 1016 Indiana University School of Medicine
- 1017 Iowa, University of, School of Medicine
- 1018 Johns Hopkins School of Health Services
- 1034 Kentucky, University of, Medical Center
- 1047 Kettering College of Medical Arts
- 1048 King's College
- 1051 Lake Erie College
- 1060 Loma Linda University
- 1007 Long Island University/Brooklyn-Cumberland  
Medical Center
- 1019 Marshfield Medical Foundation
- 1021 Mercy College of Detroit
- 1022 Mississippi, University of, School of Medicine
- 1042 Nebraska, University of
- 1028 New York, State University of/Stony Brook
- 1023 Northeastern University
- 1024 Oklahoma, University of, Medical Center
- 1058 Pennsylvania State University/Hershey Medical Center

## PHYSICIAN'S ASSISTANT (Continued)

- 1035 Phoenix Indian Medical Center
- 1050 Rutgers University, College of Medicine and Dentistry of New Jersey
- 1064 St. Francis College
- 1026 St. Louis Inter-Institutional
- 1025 Sheppard AFB School of Health Care Sciences
- 1057 South Carolina, Medical University of
- 1043 Southern California, University of, Medical Center
- 1027 Stanford University Medical Center
- 1049 Stephen's College
- 1041 Texas, University of, Health Sciences Center/Dallas
- 1029 Texas University Medical Branch/Galveston
- 1037 Touro College/Kingsbrook Jewish Medical Center
- 1054 Trevecca Nazarene College
- 1061 U.S. Navy School of Health Sciences/Portsmouth
- 1062 U.S. Navy School of Health Sciences/San Diego
- 1030 U.S. Public Health Service Hospital/Staten Island
- 1031 Western Michigan University
- 1032 Wichita State University
- 1052 Wisconsin, University of/Madison
- 1033 Yale University School of Medicine

## MEDEX

- 2010 Alabama, University of
- 2002 Dartmouth Medical School
- 2009 Hawaii, University of
- 2005 North Dakota, University of, School of Medicine
- 2007 Utah, University of
- 2008 Washington, University of, School of Medicine

## FAMILY NURSE PRACTITIONER\*

- 3032 Albert Einstein College of Medicine
- 3021 Arizona, University of/Tucson
- 3030 Arkansas, University of/Little Rock
- 3023 Bronx Municipal Hospital Center
- 3037 Buffalo General Hospital
- 3002 California, University of, School of Medicine/Davis
- 3003 California, University of/Los Angeles
- 3004 Case Western Reserve University
- 3029 Community General Hospital/Syracuse
- 3005 Cornell University/NYU School of Nursing
- 3042 East Carolina University, School of Nursing
- 3027 Geisinger Medical Center
- 3048 George Washington University

\*This list of nurse practitioner/clinician programs may not be complete. Contact the Registrar, NCCPA, for additional information.

## **FAMILY NURSE PRACTITIONER (Continued)**

- 3007 Indiana University
- 3008 Maine, University of/Portland
- 3028 Massachusetts General Hospital
- 3039 Meharry Medical College
- 3022 Miami, University of
- 3009 Montana State University
- 3051 New York, State University of/Binghamton
- 3041 New York, State University of/Buffalo
- 3043 New York, State University of/Stony Brook
- 3038 New York, State University of/Syracuse
- 3010 North Carolina, University of
- 3017 North Dakota, University of, Medical School/  
Grand Forks
- 3044 Ohio State University, School of Nursing
- 3040 Pace University, Graduate School of Nursing
- 3011 Pennsylvania State University/University Park
- 3012 Pennsylvania, University of
- 3031 Sheppard AFB School of Health Care Sciences
- 3050 South Carolina, University of/Spartanburg
- 3033 Stanford University
- 3013 Tennessee, University of/Memphis
- 3016 Thomas Jefferson University
- 3036 Utah, University of, College of Nursing
- 3014 Vanderbilt University
- 3046 Vermont, University of, School of Nursing
- 3018 Virginia Commonwealth University
- 3045 Virginia, University of, School of Medicine
- 3015 Washington, University of
- 3026 Wichita State University
- 3047 Wisconsin, University of, College of Nursing/Oshkosh
- 3049 Yale University, School of Nursing

## **PEDIATRIC NURSE PRACTITIONER\***

- 4001 Alabama, University of
- 4002 Arkansas, University of, School of Medicine
- 4003 Boston College School of Nursing
- 4004 Bronx Municipal Hospital Center
- 4005 California, University of, School of Medicine/Davis
- 4006 California, University of/Los Angeles
- 4043 California, University of/San Francisco
- 4007 Cardinal Glennon Hospital
- 4009 Colorado, University of
- 4044 Connecticut, University of, McCook Hospital
- 4010 Cornell University, New York Hospital
- 4011 Georgia State University

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\*This list of nurse practitioner/clinician programs may not be complete. Contact the Registrar, NCCPA, for additional information.

## **PEDIATRIC NURSE PRACTITIONER (Continued)**

- 4012 Good Samaritan Hospital/Cincinnati
- 4045 Hawaii, University of, School of Nursing
- 4015 Iowa, University of
- 4016 Johns Hopkins School of Health Services
- 4018 Loma Linda University
- 4019 Maine, University of/Portland
- 4020 Maryland, University of
- 4021 Mayo Clinic
- 4022 Meharry Medical College
- 4014 Methodist Hospital/Indianapolis
- 4023 Michigan, Children's Hospital of
- 4024 Minnesota, University of, School of Public Health
- 4025 Missouri, University of/Kansas City
- 4033 New York, State University of/Buffalo
- 4026 Northeastern University College of Nursing
- 4027 Olive View Medical Center/Van Nuys
- 4028 Palm Beach Junior College/Lake Worth
- 4029 Pittsburgh, University of
- 4030 Rochester, University of
- 4047 Rush Medical College/St. Luke's Presbyterian Hospital
- 4032 Rutgers University
- 4046 Seaton Hall University
- 4048 Sheppard AFB School of Health Care Sciences
- 4034 Tennessee, University of/Memphis
- 4035 Texas, University of, School of Nursing/Galveston
- 4037 Utah, University of, College of Nursing
- 4038 Virginia, University of, Pediatric Nurse Clinician
- 4039 Virginia, University of, Pediatric Graduate Nurse
- 4040 Washington University/Missouri
- 4041 West Virginia University
- 4042 Yale University School of Nursing

## **OTHER NURSE CLINICIAN\***

- 5001 Albany Medical College, Primary Care Nurse
- 5017 Allegheny General Hospital, Nurse Practitioner
- 5021 Brigham Young University, College of Nursing
- 5020 California, University of/Los Angeles, Adult Nurse Practitioner
- 5002 California, University of/San Francisco, Maternal Child Nurse Associate
- 5003 California, University of/San Francisco, Maternal Child Nurse Practitioner
- 5004 Colorado, University of, School Nurse Practitioner
- 5024 Columbia University, Graduate School of Nursing, Adult Nurse Practitioner

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\*This list of nurse practitioner/clinician programs may not be complete. Contact the Registrar, NCCPA, for additional information.

## **OTHER NURSE CLINICIAN (Continued)**

- 5006 Delaware, University of, Comprehensive Nurse Clinician
- 5016 Genesee Hospital, Nurse Clinician
- 5023 Illinois, University of, Public Health Nurse Practitioner
- 5014 Kentucky, University of/Lexington, Primary Care Clinician
- 5019 Martin Luther King, Jr., General Hospital
- 5011 Maryland, University of, Primary Care Nurse Practitioner
- 5022 Oregon, University of, Adult Nurse Practitioner
- 5025 Pennsylvania State University/Hershey Medical Center, School Nurse Practitioner
- 5015 Peter Bent Brigham Hospital, Adult Nurse Practitioner
- 5027 Rhode Island, University of, Adult Nurse Practitioner
- 5007 Rochester, University of/New York, Medical Nurse Practitioner
- 5013 Rush Medical College/St. Luke's Presbyterian Hospital, Medical Nurse Associate
- 5026 Virginia, University of, Adult Nurse Practitioner
- 5009 Wayne State University, Health Nurse Clinician
- 5018 Yale University, Medical Nurse Practitioner

## **SURGEON'S ASSISTANT**

- 6001 Alabama, University of
- 6002 Cornell University Medical College
- 6003 Cuyahoga Community College
- 6004 North Carolina, University of/Chapel Hill

## EXAMINATION CENTERS, 1981

Use for Application Item No. 7, Examination Center.

**NOTE:** All centers listed will administer both the Primary Care and Surgery Examinations unless otherwise noted. If you wish to sit for the surgery component, be certain that it is being offered at the centers you choose for the Primary Care Examination. You must sit for all examination components at the same examination center.

### NORTHEAST

#### CONNECTICUT

- 302 New Haven
- 304 Hartford

#### MASSACHUSETTS

- 305 Boston

#### NEW JERSEY

- 313 Piscataway

#### NEW YORK

- 314 Albany
- 317 NYC-Harlem Hospital
- 318 NYC-Brooklyn Hospital
- 319 NYC-U.S. Public Health Service  
(Primary Care only)
- 320 NYC-Touro College/Kingsbrook  
Jewish Medical Center
- 328 Stony Brook
- 329 Syracuse

#### PENNSYLVANIA

- 330 Erie
- 331 Hershey
- 332 Philadelphia
- 333 Wilkes-Barre
- 334 Pittsburgh
- 335 Loretto

### SOUTHEAST

#### ALABAMA

- 380 Montgomery

#### DISTRICT OF COLUMBIA

- 384 George Washington University

#### FLORIDA

- 388 Gainesville

#### GEORGIA

- 394 Atlanta
- 395 Augusta

## SOUTHEAST (Continued)

### MARYLAND

401 Baltimore

### NORTH CAROLINA

407 Durham

408 Winston-Salem

### SOUTH CAROLINA

409 Charleston

### TENNESSEE

472 Nashville

### VIRGINIA

340 Portsmouth

### WEST VIRGINIA

350 Philippi

## CENTRAL

### ILLINOIS

433 Chicago

### IOWA

444 Iowa City

### KANSAS

479 Wichita

### KENTUCKY

446 Lexington

### MICHIGAN

449 Detroit

481 Kalamazoo

### MISSOURI

456 St. Louis

### NEBRASKA

459 Omaha

### NORTH DAKOTA

460 Grand Forks

### OHIO

468 Dayton

483 Cleveland

### OKLAHOMA

470 Oklahoma City

(Primary Care only)

### WISCONSIN

485 Marshfield

486 Madison



## NORTHWEST

### ALASKA

600 Fairbanks

### WASHINGTON

551 Seattle

## SOUTHWEST

### NEW MEXICO

539 Albuquerque

### TEXAS

541 Dallas

543 Galveston

544 Houston

545 San Antonio

561 Wichita Falls

## WEST

### CALIFORNIA

515 Davis  
(Primary Care only)

523 Los Angeles

527 Palo Alto  
(Primary Care only)

530 San Diego

### COLORADO

536 Colorado Springs

### HAWAII

591 Honolulu

### UTAH

550 Salt Lake City

## INTERNATIONAL

### GERMANY

924 Heidelberg

### KOREA

925 Seoul