
**NATIONAL COMMISSION ON CERTIFICATION
OF PHYSICIAN'S ASSISTANTS**

**ANNOUNCEMENT
OF THE 1981
(OPTIONAL)**

**PROFICIENCY EXAMINATION
IN SURGERY FOR
PHYSICIAN'S ASSISTANTS**



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

The 1981 Proficiency Examination in Surgery for Physician's Assistants is being offered by the National Commission on Certification of Physician's Assistants to eligible candidates as an **optional** add-on to the Primary Care Examination scheduled for October 14-17. PA-C's currently holding valid NCCPA certificates may take the Surgery Examination without repeating the Primary Care Examination. NCCPA will grant special recognition in surgery to candidates who have successfully completed both the Primary Care Examination and the Proficiency Examination in Surgery for Physician's Assistants. It is stressed that you are not required to take this examination; also, performance on the Surgery Examination has no bearing on your Primary Care certification.

**EXAMINATION
SCHEDULE:**

The one-and-one-half-hour written Proficiency Examination in Surgery will be administered on the evening of Thursday, October 15, 1981.

**ELIGIBILITY
REQUIREMENTS:**

Individuals are eligible to register for this examination if they meet one of the following criteria:

1. are a Physician's Assistant-Certified and hold a currently valid NCCPA certificate (if you have not reregistered your certificate, you must do so by June 29, 1981, in order to be eligible);
2. are eligible for the 1981 Primary Care Examination. Candidates wishing to register for the Primary Care Examination must do so before the registration deadline of June 29, 1981. Contact NCCPA immediately for the necessary forms.

**REGISTRATION
PROCEDURES:**

1. Registration Fee:

PA-C's: A registration fee of \$210.00 must be attached to each application for the Proficiency Examination in Surgery. \$95.00 of this amount is a **nonrefundable** Application Fee. The \$115.00 Examination Fee will be refunded to any applicant deemed ineligible to take the Surgery Examination. A check or money order payable to NCCPA for \$210.00 must accompany each application.

Non-PA-C's: Primary Care Examination and Proficiency Examination in Surgery fees are indicated in the Primary Care Examination application materials.

2. **Third-Party Payers:** If the registration fee is to be paid by a third party (e.g., employer), a check or money order in the amount of \$210.00 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. This form must also be fully executed by a Notary Public. Be certain to sign your name in the space provided below your photograph.
6. **Eligibility Notification:** The mailing of admission cards will begin during the week of September 21. Candidates who have not received notification by October 2 should contact NCCPA immediately.

WITHDRAWALS, CANCELLATIONS AND REFUNDS:

Candidates who are registered for the examination and who fail to appear forfeit their \$115.00 Examination Fee. The \$95.00 Application Fee is nonrefundable. Candidates who voluntarily withdraw prior to the examination must do so in writing before any applicable refund will be processed. Refunds of the \$115.00 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 \$115.00 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.

CHOICE OF EXAMINING CENTERS:

A list of centers offering the Proficiency Examination in Surgery is given in the following section of this Announcement. Applications from eligible candidates will be processed in the order in which they are received, and center assignments will be processed in the order which you specify on your 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 time, will be printed on your admission card.

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.

EXAMINATION CENTERS:

NORTHEAST

CONNECTICUT

302 New Haven
303 Norwalk
304 Hartford

MASSACHUSETTS

305 Boston

NEW JERSEY

313 Piscataway

NEW YORK

314 Albany
317 NYC-Harlem Hospital
318 NYC-Brooklyn Hospital
320 NYC-Touro College/Kingsbrook Jewish Medical Center
321 NYC-Montefiore Hospital
328 Stony Brook
329 Syracuse

PENNSYLVANIA

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

Continued 

SOUTHEAST**ALABAMA**

380 Montgomery

381 Birmingham

DISTRICT OF COLUMBIA

384 George Washington University

FLORIDA

388 Gainesville

GEORGIA

394 Atlanta

395 Augusta

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

WISCONSIN

485 Marshfield

486 Madison

NORTHWEST**ALASKA**

600 Fairbanks

WASHINGTON

551 Seattle

◊ Continued ◊

SOUTHWEST**NEW MEXICO**

539 Albuquerque

TEXAS

541 Dallas

543 Galveston

544 Houston

545 San Antonio

561 Wichita Falls

WEST**CALIFORNIA**

523 Los Angeles

530 San Diego

COLORADO

536 Colorado Springs

HAWAII

591 Honolulu

UTAH

550 Salt Lake City

INTERNATIONAL**GERMANY**

924 Heidelberg

KOREA

925 Seoul

1981

(OPTIONAL)

Proficiency Examination

In Surgery

For Physician's Assistants



Thursday, October 15

ANNOUNCEMENT

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EXAMINATION SCHEDULE

The one-and-one-half-hour written Surgery Examination will be administered on the evening of Thursday, October 15, 1981.

ELIGIBILITY REQUIREMENTS

Anyone deemed eligible to take the Primary Care Examination may also take the Proficiency Examination in Surgery. You *must* take (or have already passed) the Primary Care Examination in order to be eligible for the Surgery Examination.

REGISTRATION PROCEDURES

If you wish to register for the Proficiency Examination in Surgery, check the box provided for this purpose under Item No. 18 (page 2) of the Primary Care Examination Application Form.

CHOICE OF EXAMINING CENTERS

If you check the box under Item No. 18 of the Primary Care Application, *be certain* that all three test centers you have designated under Application Item No. 7 are administering the surgery component. You must sit for all examination components at the same test center.

FEE

The registration fee for the Proficiency Examination in Surgery is \$115.00. If you check the box under Item No. 18 of the application, add \$115.00 to your total examination registration fee payment (for a total payment of \$390.00, or \$415.00 if the Late Fee is applicable).

WITHDRAWALS, CANCELLATIONS, AND REFUNDS

If you are deemed ineligible for the Primary Care Examination and the Proficiency Examination in Surgery, your \$115.00 Surgery Examination Fee will be refunded to you. Candidates who are registered for the Surgery Examination and who fail to appear forfeit their \$115.00 Examination Fee. Candidates who voluntarily withdraw from the Surgery Examination prior to its administration must do so in writing before any applicable refund will be processed. Refunds of the \$115.00 Examination Fee are allowed as follows:

Continued ➡

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 \$115.00 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.

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NOTE: This Announcement is provided for use only by candidates for the 1981 National Certifying Examination for Primary Care Physician's Assistants. Separate registration forms are necessary and are available through NCCPA for use by currently certified PA's who also wish to register for the Proficiency Examination in Surgery.

APPLICATION FOR PROFICIENCY EXAMINATION IN SURGERY

OCTOBER 15, 1981

NAME, if other than that to the left:

First Middle Initial Last

MAILING ADDRESS, if other than that to the left:

Number and Street

City State Zip Code

SOCIAL SECURITY NUMBER: - -

EXAMINATION CENTER CHOICE:
(see codes in Announcement)

First Choice

Second Choice

Third Choice

Center Code #

City

State

I certify that the information supplied in this application is 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.

SIGNATURE OF APPLICANT: _____

DATE: _____

Registration Deadline: June 29, 1981

Late Registration: June 30-July 13, 1981

Registration Fee: \$210.00

Late Fee: \$25.00

Applications postmarked after July 13, 1981, will not be processed.

DO NOT DETACH

EXAMINEE IDENTIFICATION FORM
(PA-C's ONLY)

Do not write in this box

Securely paste in this square a distinct recent front view photograph of head and shoulders only, which should approximately fill the space. (Enter name on back of photograph before attaching.)

NOTARY SEAL

The impression of the seal must be partly upon the photograph as indicated and partly on signature of applicant.

NAME

(Please Print)

Last

First

Middle Initial

SOCIAL SECURITY NO.

Subscribed and sworn to (or affirmed) before me this _____ day of _____ 19__

NAME

Notary Public

My commission expires _____ 19__

(To be completed and returned with application)

DO NOT DETACH

Signature of Applicant