

# Update from NCCPA:

## *Positive Changes to Certification Maintenance*

Greg P. Thomas, PA-C Emeritus, MPH  
Director of PA Relations



# Faculty Disclosures

- **Contractor with NCCPA**
- **No other financial relationships to disclose**

# Presentation Outline

- **About NCCPA**
- **The Latest on PANRE**
  - Transition to core medical knowledge
  - Piloting an alternative to PANRE
- **The Certification Maintenance Process**
- **Certificates of Added Qualifications (CAQ)**
- **NCCPA Celebrates the PA Profession**

Celebrating the *Gold Anniversary...*



Representing the  
*Gold Standard*  
in Healthcare

Proud to be a PA-C!

# Overview of NCCPA

Our Mission is  
More than  
Creating  
Exams

NCCPA is committed to helping maximize the safe, productive, and competent practice of medicine by certified PAs

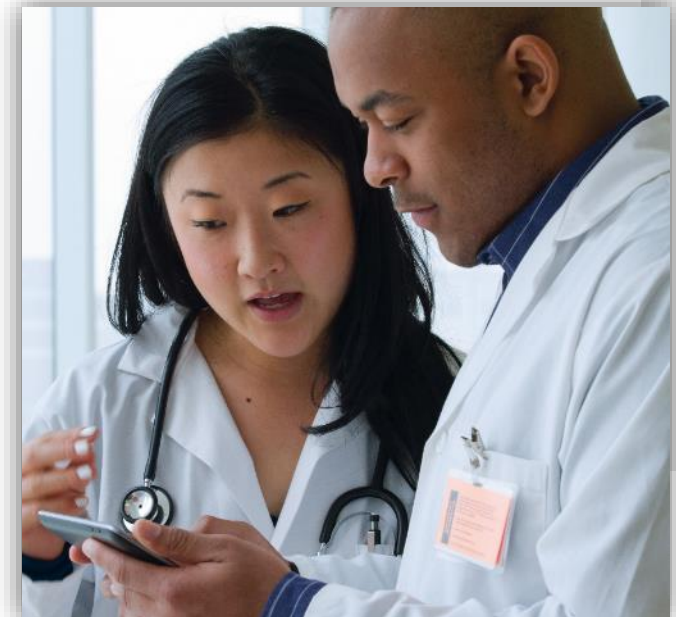
# NCCPA's Responsibility

It is critical to our mission to provide a certification/recertification program that is:

- Meaningful and relevant; and
- Provides assurance for patients, employers, state licensing boards, and others regarding PAs' knowledge and skills.

To do this, we must continuously monitor and evolve the certification process because things change:

- Advances in technology
- Rapid changes in medicine
- Changes in the PA profession



# Our Guiding Principles

1. NCCPA's primary focus must be to serve the public's interest and ensure that the PA-C credential represents the profession's commitment to high standards
2. We continually explore strategies to most effectively provide a relevant and meaningful recertification process
3. We remain committed to the flexibility that PAs have to change specialties during their career and to work in multiple specialties concurrently
4. We remain committed to finding ways to minimize the burden of certification maintenance



# Quality & Industry Standards



- NCCPA is accredited by the National Commission for Certifying Agencies
- NCCPA's processes must comply with certification industry standards and reflect "best practices" which includes:
  - Communicating with all stakeholder groups (not just PAs)
  - Conducting a periodic thorough practice analysis
  - Remaining independent from other membership and advocacy organizations representing the profession (i.e. AAPA)
- We have been able to recruit and retain a team of highly skilled and experienced psychometricians and test development staff to work on NCCPA's exam programs



# Our Stakeholders



# About NCCPA

- Only national certifying body for PAs
- Certifying PAs since 1975
- Passionate about PAs and the patients you serve
  - Rely on PA practice data to inform our certification programs
  - Publish statistical reports to inform employers, policy makers, the media, patients and others
  - Promote qualifications and roles of certified PAs to various audiences (physicians, employers, state medical boards, public, etc.)
  - Engage in significant communications/PR efforts on your behalf: **[www.PAsDoThat.net](http://www.PAsDoThat.net)**

*Certified*  
**#PAsDoThat!**

# 2020 Board of Directors Composition

## **11 PAs, 5 physicians and 2 public members**

### **11 PA Members**

- 7 PA Directors-at-Large
- 1 nominee from AAPA
- 1 nominee from PAEA
- 1 nominee from FSMB
- President/CEO

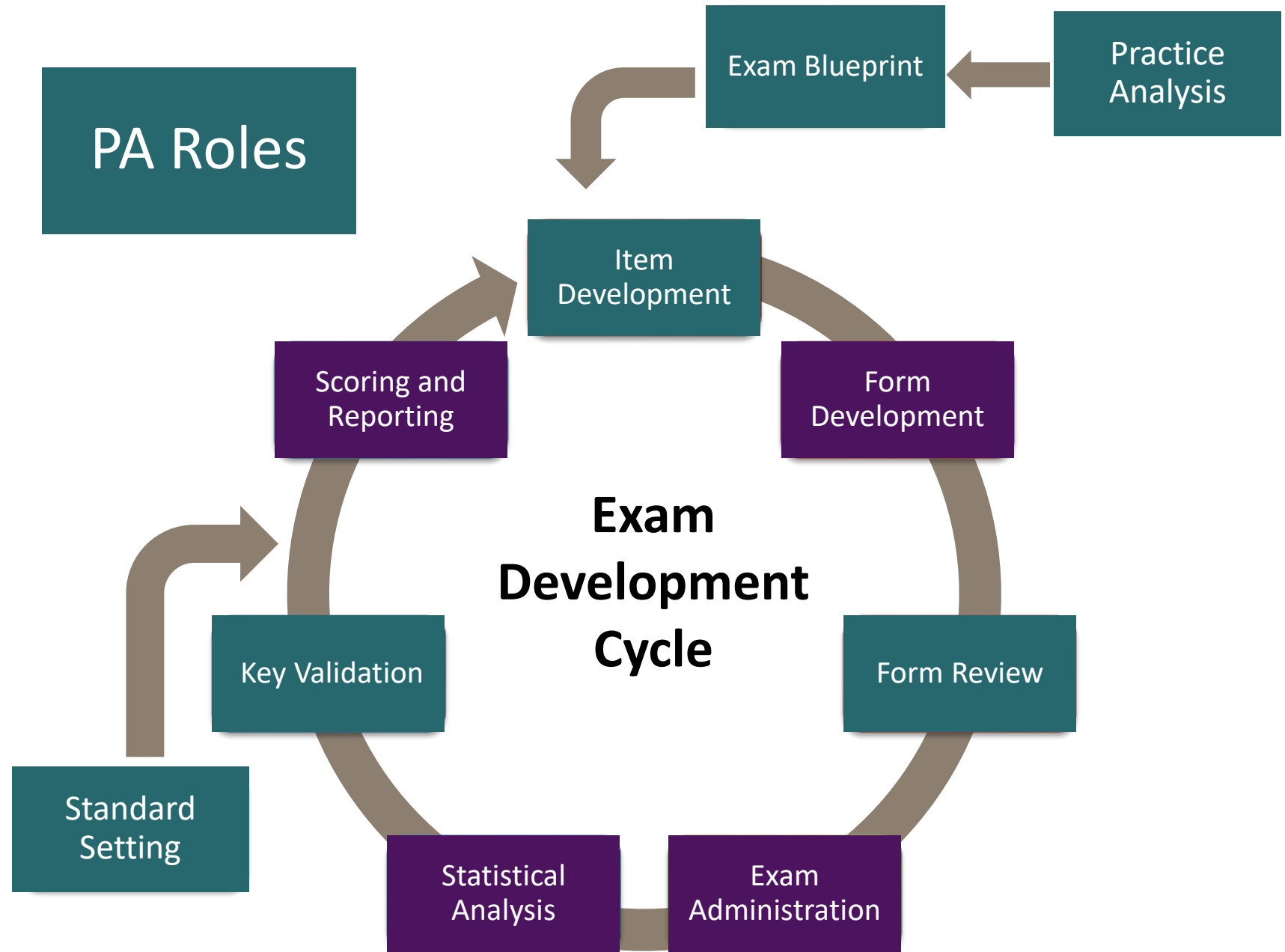
### **7 Physician & Public Members**

- 1 nominee from AMA
- 1 nominee from AOA
- 3 physician Directors-at-Large
- 2 public members

# PA Involvement With NCCPA

- PAs are involved throughout the exam development process
  - Clinically practicing
  - Diversity in a wide range of demographics
  - Reflective of the profession and population
  - Separation of responsibilities

# PA Involvement in Exam Development Process



# PA Involvement with NCCPA Adds Up!

In 2018 ...

- **92 PA item writers** served on item writing committees, writing questions that appear on PANCE, PANRE and the CAQ exams
- NCCPA hosted **24 PA team meetings** to develop and validate exam questions, review exam forms, and explore advancements to the question generation process involving the efforts of **222 PAs**
- **44 PAs** participated in meetings for both PANCE and PANRE to set the passing standards for the new 2019 blueprints



# PA Involvement With NCCPA

## Additionally...

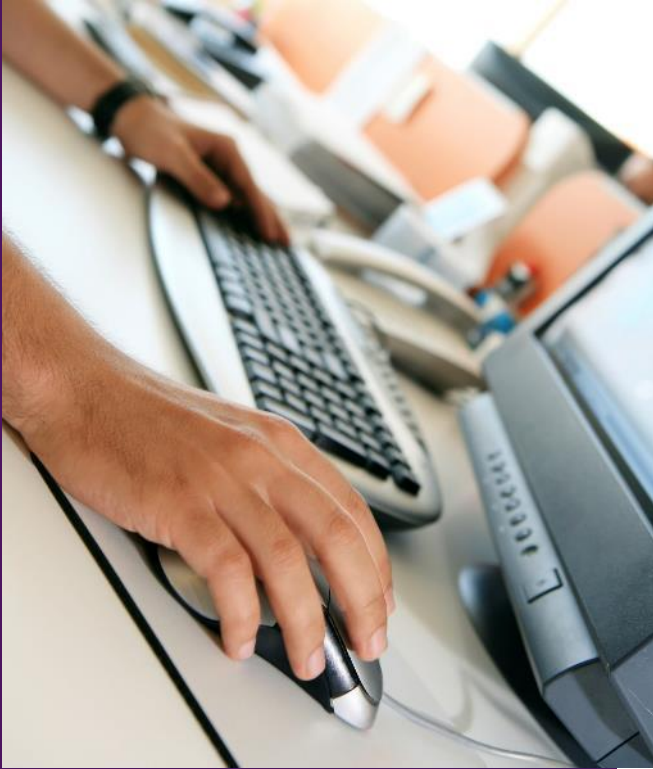
- In 2019, NCCPA hosted **37** in-house content development meetings involving **330 PAs** and **11** virtual meetings with another **39** PA participants
- In Q2 and Q4 of 2019, NCCPA convened two focus group meetings of 30 pilot participants
- Over **100,000** PAs have completed the **PA Professional Profile**



# Certification is a Community Process

- We could not do this without PA participation
- Volunteering can be as short as an ad hoc meeting (2-3 days) to as often as an item writing committee (ongoing, multiple meetings yearly)
- **If you're interested in volunteering, please email Lara at [volunteer@nccpa.net](mailto:volunteer@nccpa.net)**





# The Latest on PANRE

# Data Supporting Periodic Assessment

- More than 20% of core information guiding clinical practice changes within one year
- Performance on assessments of medical knowledge declines over time
- Assessment provides an important mechanism for identifying the small number of health care providers who are unable to demonstrate an adequate level of medical knowledge for safe practice

# NCCPA Set Out to Obtain Data and Feedback

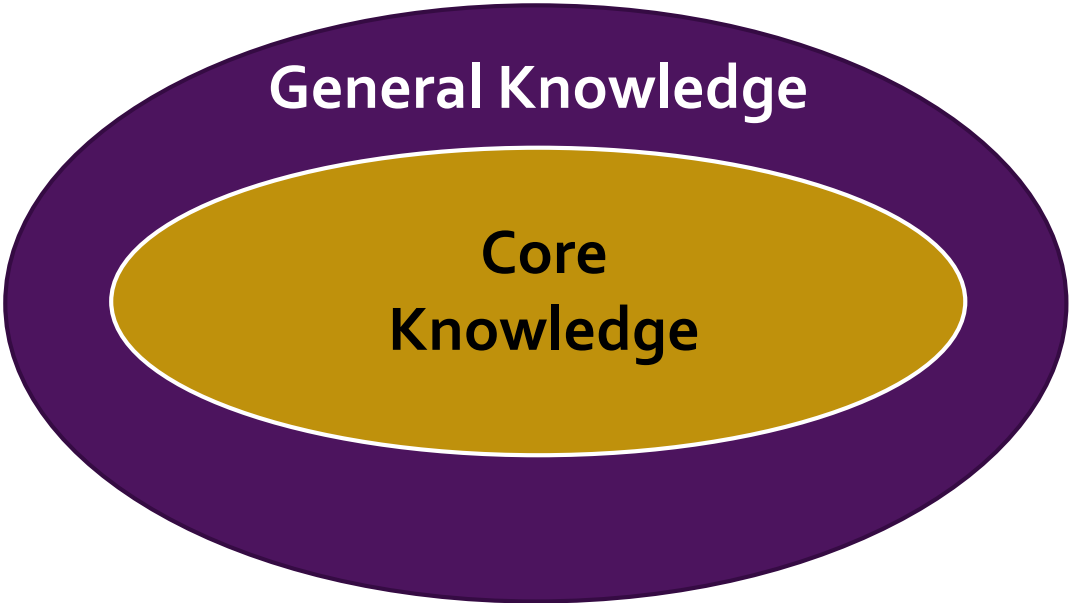
To make a well informed decision, NCCPA:

- Conducted research
- Held focus groups
- Elicited feedback from PAs and other key stakeholder groups
- Consulted with many physician certifying organizations and the American Board of Medical Specialties to tap into their similar lines of inquiry and research

## What We've Heard

- PAs were very concerned about maintaining their ability to change specialties and did not want to see that threatened
- PAs were very concerned about the cost and time required to maintain certification (CME and exam requirements)
- Exams matter to the public, employers and to state medical boards
- Physician certifying boards are piloting alternative approaches to assessment

PANRE content shifted from “General Medical Knowledge” to “Core Medical Knowledge” in 2019



# Decisions to Date -- #1

# Working Definition of Core Medical Knowledge

**...the essential, foundational knowledge and cognitive skills required for PAs to provide safe and effective care for patients across the lifespan and across the spectrum of medicine, regardless of the specialty or area of practice.**

# The Process of Identifying “Core Medical Knowledge” for PANRE

- June 2016:
  - Rank all of the diseases, disorders and medical conditions from the PANRE content blueprint from *most* core to *least* core
  - Draw the dividing line: which of these should be covered on PANRE?
- Series of subsequent meetings:
  - Looking only at those “above the line,” what aspects of each topic are “core medical knowledge”
- October 2017:
  - Profession wide survey to validate or further refine the work above -- > 20,000 responses
- December 2017:
  - Core Content Review and Blueprint Identification meetings were conducted to review the survey results and make recommendations on the blueprint
- Early 2018: New blueprint was released for the Pilot & PANRE

# New PANRE Blueprint Effective in 2019

- New look for the revised blueprint is used for both PANRE and the Pilot Alternative to PANRE!
- Slight modifications to the percentage allocations of organ systems (very similar to PANCE)
  - Most were 1% and a couple were 3%
  - Same change to split out Renal from the Genitourinary category
- Most significant change is the new assessment levels
- The new blueprint provides detailed information on the level at which each disease and disorder will be assessed



# PANRE Content Blueprint Category Comparison

2018

Medical Content Categories	Percent Allocation*
Cardiovascular System	16%
Dermatologic System	5%
Endocrine System	6%
Eyes, Ears, Nose, and Throat	9%
Gastrointestinal System/Nutrition	10%
Genitourinary System	6%
Hematologic System	3%
Infectious Diseases	3%
Musculoskeletal System	10%
Neurologic System	6%
Psychiatry/Behavioral Science	6%
Pulmonary System	12%
Renal System	N/A
Reproductive System	8%

2019

Medical Content Categories	Percent Allocation*
Cardiovascular System	13%
Dermatologic System	6%
Endocrine System	6%
Eyes, Ears, Nose, and Throat	8%
Gastrointestinal System/Nutrition	11%
Genitourinary System	5%
Hematologic System	4%
Infectious Diseases	6%
Musculoskeletal System	9%
Neurologic System	7%
Psychiatry/Behavioral Science	5%
Pulmonary System	10%
Renal System	3%
Reproductive System	7%

# Examples of Deleted Diseases and Disorders for the PANRE (151 Deleted)

Medical Content Categories	Percent Allocation*
Cardiovascular System	Tetrology of Fallot, Mitral Stenosis, VSD, Coarctation of the Aorta, ASD
Dermatologic System	Melasma, LSC, Bullous Pemphigoid, Lichen Planus, Verrucae, Condyloma
Endocrine System	Acromegaly, Dwarfism, Pituitary Neoplasm, Adrenal Neoplastic Disease
Eyes, Ears, Nose, and Throat	Retinal Vascular Occlusion, Neoplasms Throat, Cholesteatoma, Dacryoadenitis
Gastrointestinal System/Nutrition	Strictures, Polyps, Rectal neoplasms, Nutritional Deficiencies, Motility Disorders
Genitourinary System	Cryptorchism, Wilms Tumor, Congenital Abnormalities
Hematologic System	Aplastic Anemia, G6PD, Thalassemia, Multiple Myeloma, AML/CML
Infectious Diseases	Malaria, Cholera, Histoplasmosis, Salmonellosis, CMV infections, Diphtheria
Musculoskeletal System	Polymyalgia Rheumatica, Sjogren, Scleroderma, Juvenile Rheumatoid
Neurologic System	Myasthenia Gravis, CRPS, Cerebral Palsy, Huntington Disease, Tourette
Psychiatry/Behavioral Science	Personality Disorders, Conduct Disorder, Acute Stress Reaction, Autism
Pulmonary System	Carcinoid Tumors, Hyaline Membrane Disease, Idiopathic Pulmonary Fibrosis
Renal System	Hydronephrosis, Renal Cell Carcinoma, Polycystic Kidney Disease
Reproductive System (Male and Female)	Trophoblastic Disease, Multiple Gestation, Dystocia, Incompetent Cervix

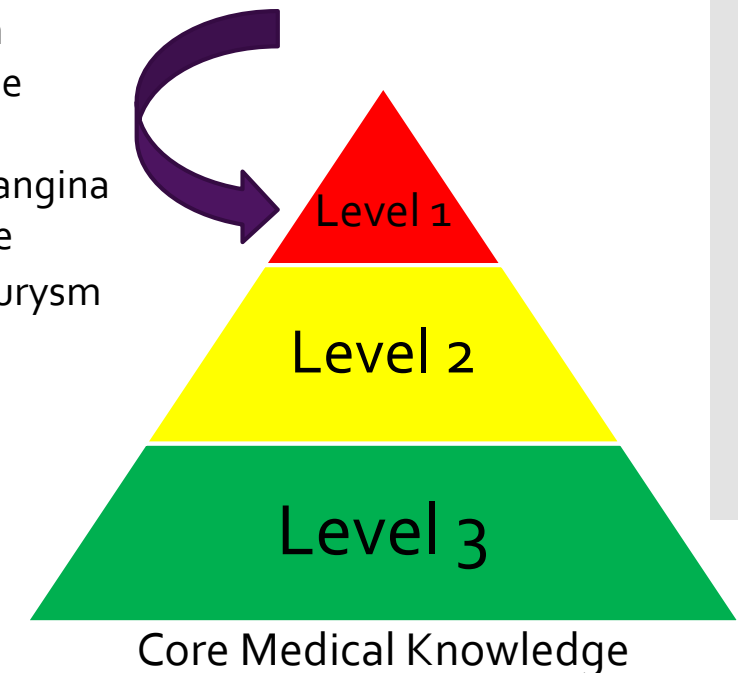
# Level 1 Diseases and Disorders

The following diseases and disorders may be assessed at Level 1 on the PANRE and the Pilot Alternative to PANRE.

**Level 1 is defined as follows: Recognize most likely diagnosis using signs, symptoms, and risks; refer appropriately.**

## Cardiovascular System – Level 1

- Abdominal aortic aneurysm
- Acute/subacute bacterial endocarditis
- Aortic stenosis
- Atrioventricular block
- Bundle branch block
- Cardiogenic shock
- Diastolic heart failure
- Hypertrophic cardiomyopathy
- Iliac artery occlusion
- Mitral regurgitation
- Mitral valve prolapse
- Pericardial effusion
- Prinzmetal variant angina
- Sick sinus syndrome
- Thoracic aortic aneurysm



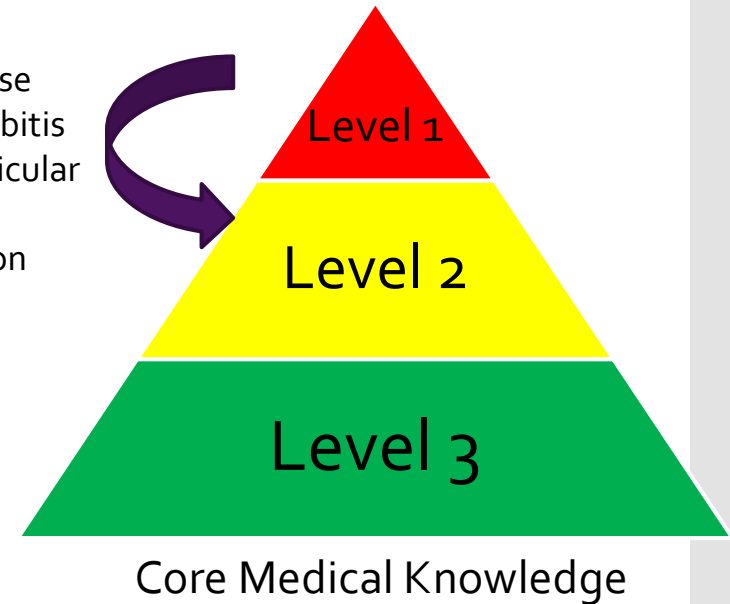
# Level 2 Diseases and Disorders

The following diseases and disorders may be assessed at Level 2 on the PANRE and the Pilot Alternative to PANRE.

**Level 2 is defined as follows: Make appropriate diagnosis by recognizing signs, symptoms, risks and/or interpreting results of diagnostic studies and have knowledge of first-line treatment.**

## Cardiovascular System – Level 2

- Acute myocardial infarction: non ST-segment elevation myocardial infarction (NSTEMI)
- Acute myocardial infarction: ST-segment elevation myocardial infarction (STEMI)
- Acute pericarditis
- Aortic dissection
- Arterial embolism/thrombosis
- Atrial flutter
- Cardiac tamponade
- Hypertensive emergency
- Orthostatic hypotension
- Paroxysmal supraventricular tachycardia
- Peripheral artery disease
- Phlebitis/thrombophlebitis
- Premature atrial/ventricular contractions
- Secondary hypertension
- Systolic heart failure
- Temporal arteritis
- Torsades de pointes
- Unstable angina
- Varicose veins
- Venous insufficiency
- Ventricular fibrillation
- Ventricular tachycardia



# Level 3 Diseases and Disorders

The following diseases and disorders may be assessed at Level 3 on the PANRE and the Pilot Alternative to PANRE.

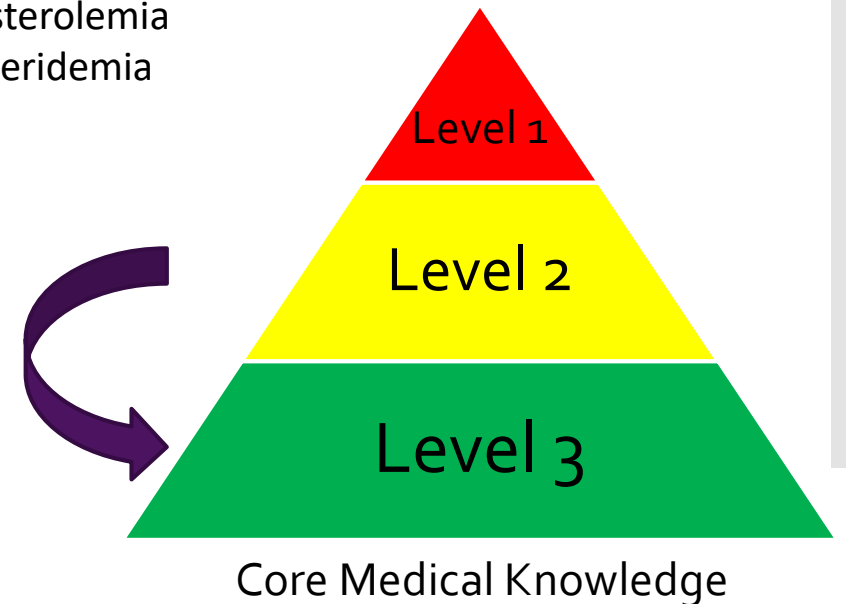
**Level 3 is defined as follows: Make appropriate diagnosis by recognizing signs, symptoms, risks and/or interpreting results of diagnostic studies and have knowledge of first-line treatment. In addition, have knowledge required to manage well known comorbid conditions, contraindications, and complications.**

## Cardiovascular System – Level 3

- Angina pectoris (stable angina)
- Atrial fibrillation
- Coronary artery disease
- Deep Venous Thrombosis
- Essential hypertension (in adults)
- Hypercholesterolemia
- Hypertriglyceridemia

**NOTE No level 3 content for:**

Genitourinary System  
Hematologic System  
Musculoskeletal System  
Psychiatry  
Renal System  
Reproductive System



# PANRE Content Blueprint Assessment Levels

<b>Cardiovascular System: 13%*</b>	<b>40%</b>	<b>50%</b>	<b>10%</b>
<b><i>Diseases and Disorders</i></b>	<b><i>Level 1</i></b>	<b><i>Level 2</i></b>	<b><i>Level 3</i></b>
Abdominal aortic aneurysm	●		
Acute myocardial infarction: non–ST-segment elevation myocardial infarction (NSTEMI)	●	●	
Acute myocardial infarction: ST-segment elevation myocardial infarction (STEMI)	●	●	
Acute pericarditis	●	●	
Acute/subacute bacterial endocarditis	●		
Angina pectoris (stable angina)	●	●	●
Aortic dissection	●	●	
Aortic stenosis	●		
Arterial embolism/thrombosis	●	●	
Atrial fibrillation	●	●	●
Atrial flutter	●	●	
Atrioventricular block	●		

## Decision #2:

# Pilot Alternative to PANRE Came Sooner Than Expected

- **Decided in May 2017**, NCCPA will pilot alternatives to the high stakes recertification exam no later than 2020
- **Announced October 2017**, pilot active 2019-2020
- All PAs due to take PANRE in 2018 or 2019 were eligible
- Current certification has been extended through the pilot for those PAs who participate
- Sign-up window was through June 2018

# Pilot Design

- Longitudinal assessment of core medical knowledge (assessing for learning)
- During each quarter, questions can be answered over time, from any device, anywhere
- Over 18,500 PAs signed up for pilot (almost 60% of those eligible)

<b>2019</b>	Jan - Mar 25 questions	Apr - Jun 25 questions	Jul - Sep 25 questions	Oct - Dec 25 questions	<b>2 Years, 200 Questions</b>
<b>2020</b>	Jan - Mar 25 questions	Apr - Jun 25 questions	Jul - Sep 25 questions	Oct - Dec 25 questions	



# Latest Update on Pilot Alternative to PANRE

- Completion of all 25 questions:
  - Q1 = 99%
  - Q2 = 99%
  - Q3 = 99%
  - Q4 = 99%
  - Q5 = 99%
- Patterns of completing all 25 questions:
  - Within 1 day of answering the 1<sup>st</sup> question: 78.1%
  - Within 1 week of answering the 1<sup>st</sup> question: 87.3%
  - Within 2 weeks of answering the 1<sup>st</sup> question: 91.7%
- To date, 98.1% of PAs originally enrolled in the pilot are still participating
  - Top three reasons for dropping out: (1) prefer not to answer questions over extended period of time; (2) retirement from practice; (3) failure to answer 25 questions within the designated quarter
- Most PAs are completing the questions during “business hours”
- > 36% of PAs participating in the pilot have never taken the “usual” PANRE, i.e. this is their first full recertification cycle



# Certification Maintenance Process

# Certification Maintenance Process

- 100 CME credits every two years
  - 50 Category 1 credits
  - Self-assessment CME and PI-CME are now optional
- PANRE every 10 years



# NCCPA Heard You!

- NCCPA heard concerns from PAs about the burdens of the certification maintenance process
- Conducted an **in-depth review** of existing SA/PI activities with particular emphasis on the gaps in availability of practice-relevant options for so many PAs
  - Found inadequate coverage of self-assessment in 31 specialty areas and of PI-CME in 13 specialty areas.
  - That means we ran the risk of PAs pursuing CME activities with little or no relevance for them just to meet this NCCPA requirement – never what we intended.

# The Specifics

- All approved self-assessment CME activities will be awarded 50% bonus credits by NCCPA
- In each 2-year CME cycle, the first 20 PI-CME credits logged will be doubled
- **The weighting is applied by NCCPA**
- Weighting will apply to all PAs – whether on the 6-year cycle or the 10-year cycle



# Finding Self-Assessment and PI-CME

- Lists of approved self-assessment and PI-CME activities now available on our website.
  - Organized by specialty with details on the number of credits offered and cost
- To access that list:  
<http://www.nccpa.net/finding-sa-and-pi-cme>
- Navigate there through the “Maintain Certification” link at the top of our home page



# Certificates of Added Qualifications (CAQ)

# Key Principles of the Specialty CAQ Program

- NCCPA (and many stakeholders) agree that the PA-C must maintain its position as the ***primary credential for all PAs***.
- NCCPA has remained committed to developing a voluntary specialty program.
  - A CAQ is not required to maintain NCCPA certification, and we require licensure as a condition of earning a CAQ so that table can't be turned.
- The program has been developed to be ***as inclusive as possible***, recognizing the individual differences among and within specialties.



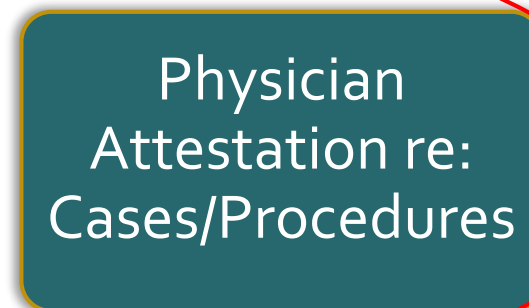
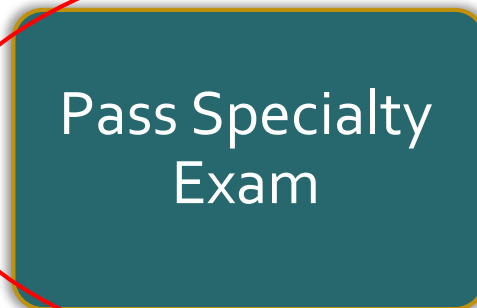
# What Specialties?

- Cardiovascular & Thoracic Surgery
- Emergency Medicine
- Hospital Medicine
- Nephrology
- Orthopaedic Surgery
- Pediatrics
- Psychiatry



# CAQ Process

**New flexibility!**



6 years to complete if needed

# CAQ Exams

- 120 questions targeted to certified PAs working in the specialty
- 2-hour exam
- Specialty exams are administered annually nationwide during 2 time windows at Pearson VUE testing centers
  - **2020 opportunity: September 14 - 19**
- Cost \$250 plus a \$100 administrative fee paid when you start the CAQ process

# CAQ Exams

- Content blueprints developed using data from practice analysis
  - Identifies set of knowledge, skills and abilities used by PAs in the specialty
  - Available online
- Test committees include PAs and physicians working in the specialty
- Other resources available online
  - Disease and disorder lists
  - Sample test items
  - Practice exam

*To view the content blueprint, disease and disorder list, sample items and practice exam, visit [www.nccpa.net](http://www.nccpa.net)*

# CAQ Recipients

1,885 CAQs have been awarded 2011 - 2019

- 976 in emergency medicine
- 395 in psychiatry
- 199 in orthopaedic surgery
- 157 in hospital medicine
- 61 in CVT surgery
- 67 in pediatrics
- 30 in nephrology



# NCCPA Celebrates the PA Profession

# Telling the World about Certified PAs

- Ongoing effort to publish articles and garner positive media attention for Certified PAs
- Online hub: [www.PAsDoThat.net](http://www.PAsDoThat.net)

*Certified*  
**#PAsDoThat!**

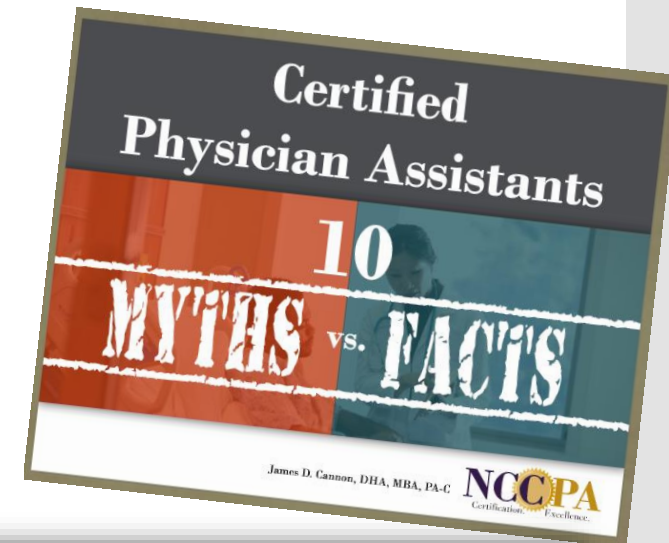
## *Making a Difference...*

### *Certified* **#PAsDoThat!**

In celebration of the 50th anniversary of the PA profession this year, NCCPA and the nccPA Health Foundation are spotlighting 50 PAs who are making a difference today. These PAs exemplify the many ways the more than 115,500 Certified PAs demonstrate their passion for delivering high quality health care, promoting wellness, and saving and changing lives.



Click [here](#) to read about previously spotlighted PAs.



**PAs in hospital medicine impact lives, remain in high demand**

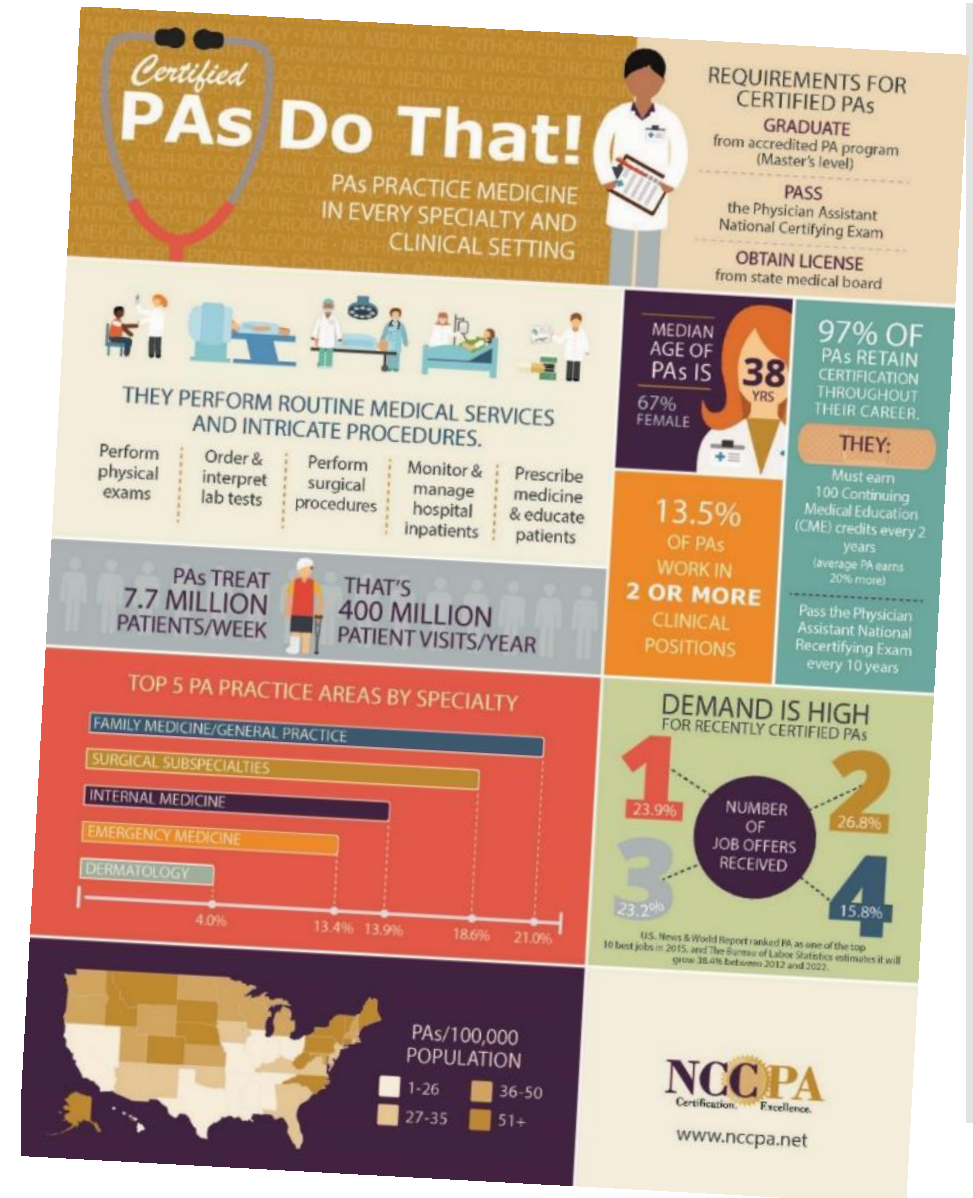
# Telling the World about Certified PAs

- Ongoing effort to publish articles and garner positive media attention for Certified PAs
- Working to get the word out about PAs nationally and in individual states
- Looking for stories focusing on:
  - **Compelling patient experiences**
  - Patient outcomes
  - PAs in leadership positions
- If interested, contact NCCPA



# Help Spread the Word!

- **Share articles** on social media with **#PAsDoThat**
- **Share and retweet** ours and others' posts with **#PAsDoThat**
- Use tools available in the **Resources** section of the NCCPA website
  - Presentations
  - Press releases
  - Fliers
  - Videos
  - Articles



Powered by Health eCareers

## Connecting with Employers

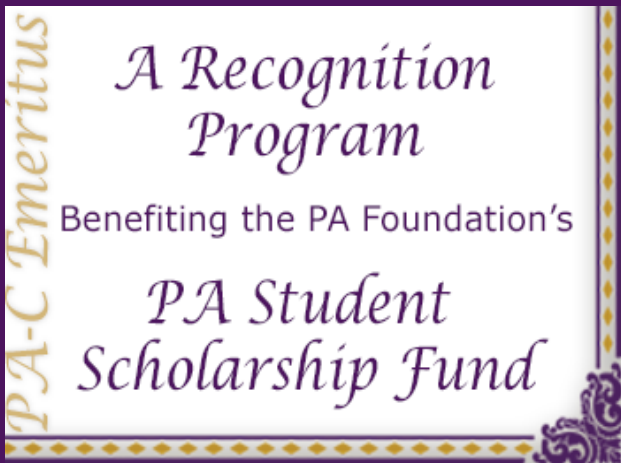
- Search hundreds of jobs for Certified PAs
- Upload your résumé
- Set up alerts for new jobs

The screenshot shows a job search interface with a search bar at the top containing 'JOB TITLE, SKILLS, KEYWORD, COMPANY' and a location field with a 'FIND JOBS' button. Below the search bar, the results are titled '716 PHYSICIAN ASSISTANT JOBS | NATIONAL COMMISSION ON CERTIFICATION OF PHYSICIAN ASSISTANTS'. A sorting menu is set to 'BEST MATCH'. On the left, there is a sidebar with 'UPDATE RESULTS' and filters for 'Job Category' (Physician Assistant (716)), 'Location', 'Date Posted', and 'Visa Waiver'. The main content area displays four job listings, each with a title, description, employer name, location, and 'Today' status.

Sort results:	BEST MATCH	DATE	JOB TITLE	EMPLOYER
<b>Physician Assistant</b>				Today
<i>Nevada Orthopedic &amp; Spine Center is celebrating twenty years of orthopedic excellence by providing quality comprehensive orthopedic care and setting the standard in Southern Nevada.</i>				
<b>NEVADA ORTHOPEDIC &amp; SPINE CENTER</b>				
Las Vegas, Nevada Orthopaedic - PA				
<b>PA / Primary Care / Occupational Health</b>				Today
<i>A Physician Assistant is needed for a full scope family practice opportunity in Salinas, CA.</i>				
<b>Advanced Practice Solutions, LLC</b>				
Salinas, California Occupational Medicine - PA				
<b>Physician Assistant - Internal Medicine</b>				Today
<i>Ind.PA Spectrum Healthcare Resources has an opportunity for a civilian Physician Assistant-IM at Bremerton Naval Hospital in Bremerton, Washington</i>				
<b>Spectrum Healthcare Resources</b>				
Bremerton, Washington Internal Medicine - PA				
<b>Physician Assistant - Family Medicine</b>				Today
<i>Spectrum Primary Care has an opportunity for a civilian Family Medicine Physician Assistant at the Veteran's Affairs Outpatient Clinic (CBOC) in Alamogordo, New Mexico.</i>				
<b>Spectrum Healthcare Resources</b>				
Alamogordo, New Mexico Family Medicine - PA				
<b>Family Practice Physician Assistant</b>				Today

Click "Career Center" Link at [www.nccpa.net](http://www.nccpa.net)

# PA-C Emeritus



- **New recognition for PAs retiring from clinical practice**
- The PA-C Emeritus designation is not the equivalent of PA-C certification. Those designated as PA-C Emeritus are not considered certified by NCCPA and may not hold themselves out as such.
- Eligibility requirements:
  - Unable to practice due to permanent disability
  - Retired from clinical practice
  - Have been NCCPA-certified at least 20 cumulative years during the PA career
  - No reportable actions in NCCPA disciplinary history
- Proceeds from the one-time \$50 application fee will benefit the PA Foundation to expand the NCCPA Endowed Scholarship awarded to PA students





- Mission: to advance the role of certified PAs to improve health
- Focuses on equitable care, oral health and mental health
- Grants are available for PAs making a difference in their community





**University of Washington/MEDEX**  
Hispaniola Cares

**UC Davis** found that student-faculty partnerships and service learning are effective at improving oral health competencies.

**Sam Wijesinghe, PA-C**  
Sammel Merritt University

**At The Memorial Hospital**, a PA-led team provided diabetes management classes, educating over 100 community members.

**University of Colorado**

**Wichita State PA** students increased access in a rural community by providing oral health training to primary care providers.

**University of Missouri, Kansas City**

**NSU Orlando PA** students provided education and care to more than 600 patients in Guatemala.

**Quinnipiac PA** students operate a foot clinic at a local men's shelter, assessing chronic conditions and providing foot care.

**Elon PA** students taught healthy habits to 120 fifth-graders at an interactive health fair.

**EG Partners/Guatemala School Health Program**

**Other recipients include:** Focastello Free Clinic, St. Catherine University, Wayne State & Detroit Mercy Universities, Taft University, Boston University, Wagner College, MCFHS, MGHHP, Tooro College, Face University, Bryant University, Mercyhurst University, Seton Hall University, Stony Brook University, DeSales University, Seton Hall University, University of Findlay, Case Western Reserve University, LCBC, Arcadia University, Kean University, Mayana, Inc., Northwestern University, University of Pittsburgh, Mayana, Inc., Ohio University, Spencetown University, Blueridge Behavioral Healthcare, University of Tennessee Health Sciences Center, University of Alabama Birmingham, Augusta University, Mercer University, Nova Southeastern Jacksonville, University of Texas Southwestern, University of Texas Medical Branch, Northern Arizona University, Arizona State University, AT Still University, Oklahoma City University, Dean Health System, Lake Erie College, University of Toledo Health Sciences Center, University of Colorado, University of Utah, University of Colorado, University of Missouri, Kansas City, University of Tennessee Health Sciences Center, University of Alabama Birmingham, University of Texas Southwestern, University of Texas Medical Branch, Northern Arizona University, Arizona State University, AT Still University, Oklahoma City University.

**78** (and counting) **grant recipients are the change!**

For more information, visit [www.nccpahealthfoundation.org](http://www.nccpahealthfoundation.org)





Bringing PA  
History to Life

The PA History Society shares the history of the development of the PA profession and illustrates how PAs continue to make a difference in our society.

For all things related to PA History, visit [www.pahx.org](http://www.pahx.org)





Bringing PA  
History to Life

# Veterans Memorial Garden



The only Veterans Memorial Garden dedicated strictly to the honoring of uniformed services PAs. It is located at the Stead Center in Durham, NC.

<https://pahx.org/pa-veterans-garden/>



For More  
Information  
from NCCPA

- Read ***NCCPA News***, our monthly e-newsletter
- Visit [www.nccpa.net](http://www.nccpa.net)
- Follow us on **social media**





# Thank you!

Greg P. Thomas, PA-C Emeritus, MPH  
Director of PA Relations

Contact: [gregt@nccpa.net](mailto:gregt@nccpa.net)



[www.nccpa.net](http://www.nccpa.net)

[www.PAsDoThat.net](http://www.PAsDoThat.net)