

**UPMC  
Clinical Scope of Practice Request  
Criteria Summary Sheet**

**Facility:** UPMC Shadyside

**Specialty:** PHYSICIAN ASSISTANT

<b>TRAINING/ CERTIFICATION</b>	<ul style="list-style-type: none"><li>• Licensed by the state of Pennsylvania as a Physician Assistant;</li></ul> <p style="text-align: center;"><b>And</b></p> <ul style="list-style-type: none"><li>• Current national board certification or actively participating in the examination process leading to certification.</li></ul>
<b>OTHER</b>	Evidence of training and experience performing the skill is required. Supporting documentation from your training program or additional training certificates received; and medical record data – number of procedures performed is required.