

4.27 - Child Abuse (Nonaccidental Trauma) Physician (Type II)

Applicable Levels

PTCI, PTCII

PRQ Question Text *[Field Type]*

- *1. Child abuse physician's name: *[Text box]*
- *2. Briefly describe the qualifications of the child abuse physician. *[Text box]*
- *3. Upload CV and roles and responsibilities documents for the child abuse physician. *[Attachment]*
- *4. Is the physician board-certified or board-eligible in child abuse pediatrics? *[Radio button]*
- 5. If yes, enter the child abuse pediatrics board certificate number: *[Text box]*
- 6. If no, enter the pediatric board certificate number: *[Text box]*
- *7. Child abuse physician's board certification/eligibility expiration year: *[Text box]*