To: Alabama Board of Medical Examiners

As a covering (back-up) physician providing supervision for Anesthesiologist Assistant _____, A.A., by signing this document, I hereby affirm that:

1. I am familiar with the current rules regarding anesthesiologist assistants;

2. I am familiar with the job description filed by _____, M.D./D.O. (primary sponsoring physician), and _____, A.A., RA# _____; and

3. I will be accountable for adequately supervising the medical care rendered pursuant to the job description.

When the primary supervising anesthesiologist is off duty, out of town, not on call, or not immediately available to respond to patients' medical needs, the anesthesiologist assistant is not authorized to perform any act or render any treatments unless another qualified anesthesiologist in the **same partnership, group, medical professional corporation or anesthesiologist practice foundation or with whom the primary supervising anesthesiologist shares call is on call** and is immediately available to supervise the anesthesiologist assistant and has previously filed with the Board a letter stating that he or she assumes all responsibility for the actions of the anesthesiologist assistant during the temporary absence of the primary supervising anesthesiologist.

I will assume all responsibility for the actions of the assistant during the temporary absence of the primary supervising physician.

Relationship with primary supervising physician: **(check one below)**

- ☐ Partnership
- ☐ Medical Professional Corporation
- ☐ Physician sharing call
- ☐ Professional Group
- ☐ Physician Practice Foundation

Medical specialty of covering physician _____

_____ _____
Print Physician Name License Number

_____ _____
Physician Signature Date

Covering Physician's Telephone Number _____ Fax _____