

# ALABAMA BOARD OF MEDICAL EXAMINERS

848 Washington Avenue / Montgomery, AL 36104/ (334) 242-4116

## APPLICATION FOR REGISTRATION OF ANESTHESIOLOGIST ASSISTANT

### ANESTHESIOLOGIST TO COMPLETE:

Supervising Anesthesiologist Name in Full _____		
AL Medical License Number _____		
Medical Specialty _____	Board Certified: _____	Board Eligible _____
Principal Practice Location Address _____		
(If mailing address is different, please provide here) _____		
Telephone Number: _____	FAX Number _____	

1. Provide the name, practice site address and designated working hours per week of each anesthesiologist assistant **currently** registered to you.

NAME	_____	_____
ADDRESS	_____	_____
HOURS	_____	_____

2. Is the anesthesiologist assistant for whom registration is sought employed by you or by your group, partnership or professional corporation?

YES \_\_\_\_\_ NO \_\_\_\_\_ **If the answer is NO**, Supplemental Certificate must be submitted.

### ANESTHESIOLOGIST ASSISTANT TO COMPLETE:

Physician Assistant Name in Full _____
AL A. A. License Number _____

1. Is the A.A. **currently** certified or registered to any other primary certifying anesthesiologist? **If the answer is YES**, in the space below give the anesthesiologist name, practice address, and the number of hours per week with each primary supervising anesthesiologist. Attach separate sheets if necessary.

NAME	_____
ADDRESS	_____
HOURS per week	_____

### ANESTHESIOLOGIST ASSISTANT JOB DESCRIPTION

1. Listed below are duties approved by the Board as a basic job description. Any additional duties requested must be listed. Any additional duties must be individually considered and approved by the Board before performing them.

The following list includes the basic roles and functions to be performed by the Anesthesiologist Assistant. The list includes the acts, tasks and functions which the AA will be allowed to perform under supervision of an anesthesiologist, as well as those limited actions to be taken in life-threatening emergency conditions.

1. Administers anesthesia under the supervision of an anesthesiologist.
2. Performs initial acute cardio-pulmonary resuscitation in life-threatening situations as directed by an anesthesiologist.
3. Establishes multi-parameter monitoring of patients prior to, during and after anesthesia or in other acute care situations. This may include invasive / non-invasive monitoring under the direct supervision of an anesthesiologist. Also, other monitoring as may be developed for anesthesia and intensive care use may be incorporated.
4. Manages perioperative anesthetic care, including ventilary support and other respiratory care parameters as directed by an anesthesiologist.
5. Assists in research projects as carried out by an anesthesiologist.
6. Instructs others in principles and practices of anesthesia, respiratory care and cardio-pulmonary resuscitation as directed by the anesthesiologist.
7. Assists an anesthesiologist in gathering routine perioperative data.
8. Provide emergency medical services in the event of declared national emergency or natural disaster in accordance with the requirements of Board Rules.
9. The choice of anesthesia and drugs to be employed are prescribed by an anesthesiologist for each patient except:
  - (a) where standard orders for the conduct of specified anesthetic are prescribed; and
  - (b) where life threatening emergencies arise necessitating the utilization of standard therapeutic or resuscitation procedures. An anesthesiologist will be immediately available for consultation regarding changes from standard procedures.
10. ADDITIONAL DUTIES REQUESTED FOR THE ANESTHESIOLOGIST ASSISTANT (i.e. procedures requiring additional training). Provide, as an attachment to this Job Description, documentation of the training and / or certification which qualifies the anesthesiologist assistant to perform each additional duty / procedure which is requested. Training for the additional duty/procedure shall have been previously approved by the Board pursuant to Board Rules.
11. List each practice site where this Job Description will be utilized, including name, address and phone number
12. List the name and designated working hours per week of each anesthesiologist assistant at the practice site where this Job Description will be utilized (a Supervising Anesthesiologist may supervise a maximum of four Anesthesiologist Assistants):

We hereby certify under penalty of law of the State of Alabama that the foregoing information in this Anesthesiologist Assistant Job Description is correct to the best of our knowledge and belief. We certify that we have reviewed the current rules and regulations of the State of Alabama pertaining to anesthesiologist assistants and understand our responsibilities. We understand that we are equally responsible for the actions of the Anesthesiologist Assistant.

Print Name	Signature of Primary Supervising Anesthesiologist	Date
Print Name	Signature of Anesthesiologist Assistant	Date

This form must be printed, signed, and emailed/faxed/mailed to the Board. Email address is provided on instructions page.

**Under Alabama law, this document is a public record and will be provided upon request**

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)**

- |   |  |
|---|--|
| <input type="checkbox"/> Partnership                      | <input type="checkbox"/> Professional Group            |
| <input type="checkbox"/> Medical Professional Corporation | <input type="checkbox"/> Physician Practice Foundation |
| <input type="checkbox"/> Physician sharing call           |  |

Medical specialty of covering physician \_\_\_\_\_

Print Physician Name \_\_\_\_\_

License Number \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Covering Physician's Telephone Number \_\_\_\_\_

Fax \_\_\_\_\_

SKILLS PROTOCOL TEMPLATE  
(Attach additional pages if necessary)

AA NAME:
License Number:
Email Address:
Supervising Physician:
License Number:
Email Address:
Practice Specialty of Physician:

Practice Site:
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Procedure Name:
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Purpose of Procedure:
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Description of Procedure (Give comprehensive details including technique used, energy device to be used if applicable:
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Medications to be injected if applicable:
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Contraindications /Limits (for allowing Mid-Level practitioner to perform the procedure):
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Plan for Supervised Practice:
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Plan for Physician Availability:
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Plan for Quality Assurance/Adverse Outcome review:
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**Supervising Physician:** (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AA** (Print Name): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_