

APPLICATION INSTRUCTIONS FOR LICENSURE  
AS AN ANESTHESIOLOGIST ASSISTANT

**A. APPLICATION FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT**

1. An Anesthesiologist Assistant (AA) may be considered for licensure if he/she meets the following qualifications:
  - (a) Has graduated from an approved anesthesiologist assistant program, **and**
  - (b) Has obtained a passing score on the examination administered through the National Commission for Certification of Anesthesiologist Assistants (NCCAA).
2. All required documents, forms, and fees must accompany each application before it will be presented to the Board of Medical Licensure and Supervision.

**B. APPLICATION TO PRACTICE AS AN ANESTHESIOLOGIST ASSISTANT**

An Anesthesiologist Assistant may perform no health care services until the supervising physician and Anesthesiologist Assistant jointly file a current application to practice and a letter authorizing practice to begin is approved. Applications to Practice received between meetings of the Committee will be reviewed by the Secretary of the Board who may grant permission by letter to practice temporarily until the next meeting of the Committee and the Board.

**C. APPLICATION AND FORMS FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT**

1. All sections of the on-line application must be completed to the best of your knowledge.
2. The photo attached to the application **MUST** show the notary seal impressed partially on the photograph and partially on the application to insure that the photo on the application was the same photo notarized. Photo must be firmly affixed to the application and must not exceed the space provided, nor obscure other information on the application.
3. Any **YES** answer to the questions **MUST** be explained in a statement, signed by the applicant, and notarized. If you answer “Yes” to any of the questions regarding previous arrests you must additionally submit copies of all police reports/court records. If you have previously obtained an assessment and/or been treated for the use of any drug or chemical substance (including alcohol), please submit copies of the assessment and treatment records.
4. **Education must be verified.** Graduation from an accredited Anesthesiologist Assistant Program must be verified on FORM #1.
5. Proof of passing the examination administered through the National Commission for Certification of Anesthesiologist Assistants (NCCAA) must be submitted directly by NCCAA.
6. Evidence of all current or previously issued licenses or certificates to practice as an AA must be verified on FORM #3 by the licensing jurisdiction granting the license/certificate.
7. **FORM #4, Recommendation.** The applicant must submit two personalized and individualized letters of recommendation from anesthesiologists. Letters of recommendation must be composed and signed by the applicant’s supervising physician, or, for recent graduates, the faculty physician, and give details of the applicant’s clinical skills and ability. Each letter must be addressed to the State Board of Medical Licensure and Supervision and must have been written no more than six (6) months prior to the filing of the application for licensure. The recommendations may be written on the FORM #4 or on the physician’s letterhead.
8. The supervising physician and AA must jointly complete and sign the FORM #5, Application to Practice, and protocol. The protocol must be on file with the Board prior to the time the anesthesiologist assistant begins practice with the anesthesiologist or the anesthesiology group. Every anesthesiologist or group of anesthesiologists, upon entering into a supervisory relationship with an anesthesiologist assistant must file with the State Board of Medical Licensure and Supervision a written protocol, to include, at a minimum, the following:
  - a. Name, address, and license number of the anesthesiologist assistant;
  - b. Name, address, license number and federal Drug Enforcement Administration (DEA) number of each anesthesiologist who will supervise the anesthesiologist assistant;
  - c. Address of the anesthesiologist assistant’s primary practice location and any other locations where the assistant may practice;
  - d. The date the protocol was developed and the dates of all revisions;
  - e. The designation and signature of the primary supervising anesthesiologist;
  - f. Signatures of the anesthesiologist assistant and all supervising anesthesiologists;
  - g. The duties and functions of the anesthesiologist assistant;
  - h. Conditions or procedures that require the personal provision of care by an anesthesiologist; and
  - i. The procedures to be followed in the event of an anesthetic emergency.

9. The applicant must provide proof of advanced cardiac life support (ACLS) certification.

10. All anesthesiologist assistants shall carry malpractice insurance or demonstrate proof of financial responsibility. An applicant for licensure shall submit proof of compliance or exemption to the Board office prior to licensure. All licensees shall also submit such proof as a condition of biennial renewal or reactivation. Acceptable proof of financial responsibility shall include:

- a. Professional liability coverage of at least One Hundred Thousand Dollars (\$100,000.00) per claim with a minimum annual aggregate of at least Three Hundred Thousand Dollars (\$300,000.00) from an authorized insurer, a surplus lines insurer, a joint underwriting association, a self-insurance plan, or a risk retention group; **or**
- b. An unexpired irrevocable letter of credit, which is in the amount of at least One Hundred Thousand Dollars (\$100,000.00) per claim with a minimum aggregate availability of at least Three Hundred Thousand Dollars (\$300,000.00) and which is payable to the anesthesiologist assistant as beneficiary. Any person claiming exemption from the financial responsibility law must timely document such exemption at initial certification, biennial renewal, and reactivation.

11. The applicant must submit notarized statements containing the following information:

- a. Completion of three (3) hours of all Category I, American Medical Association Continuing Medical Education or American Osteopathic Association approved Category I-A continuing education related to the practice of osteopathic medicine or under osteopathic auspices which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome: the disease and its spectrum of clinical manifestations; epidemiology of the disease; related infections including TB; treatment, counseling, and prevention; transmission from healthcare worker to patient and patient to healthcare worker; universal precautions and isolation techniques; and legal issues related to the disease. If the applicant has not already completed the required continuing medical education, upon submission of an affidavit of good cause, the applicant shall be allowed six (6) months to complete this requirement;
- b. Completion of one (1) hour of continuing medical education on domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education or American Osteopathic Association approved Category I-A continuing education related to the practice of osteopathic medicine or under osteopathic auspices. Home study courses approved by the above agencies shall be acceptable. If the applicant has not already completed the required continuing medical education, upon submission of an affidavit of good cause, the applicant shall be allowed six (6) months to complete this requirement; and
- c. Completion of two (2) hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education or American Osteopathic Association approved Category I-A continuing education related to the practice of osteopathic medicine or under osteopathic auspices.

12. Pursuant to Oklahoma Statutes, every applicant must complete the Evidence of Status form and submit with required documentation.

#### **D. EXTENDED BACKGROUND CHECK**

All applicants for licensure are required to request an **Extended Background Check** (EBC) by completing the on-line EBC Authorization Form and submitting it with the applicable fee.

#### **E. FEES (ALL FEES ARE NON-REFUNDABLE)**

- 1. Initial Licensure Fee ..... \$150.00 (paid on line – do not resubmit)
- 2. Renewal Fee (biennial)..... \$150.00

**PRACTICE MAY NOT BEGIN UNTIL APPROVED BY THE STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION. TO FACILITATE THE APPLICATION AND RENEWAL PROCESS, KEEP THIS OFFICE INFORMED OF YOUR CURRENT ADDRESS AT ALL TIMES.**

I, the undersigned, have read the instructions and understand their content. I swear/affirm the contents of my application are true. All information supplied by application may be verified by the Oklahoma State Board of Medical Licensure and Supervision. I have read and understand the Anesthesiologist Assistant Act that I received with my application information.

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name

\_\_\_\_\_

Signature

**MAIL THESE SIGNED INSTRUCTIONS WITH ALL REQUIRED FORMS AND DOCUMENTS TO:**

**Oklahoma State Board of Medical Licensure and Supervision  
P. O. Box 18256  
Oklahoma City, OK 73154-0256**

OR BRING TO:

**Oklahoma State Board of Medical Licensure and Supervision  
101 NE 51<sup>st</sup> Street  
Oklahoma City, OK 73105**

AAINST(8/2011)