

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION
P. O. BOX 18256, OKLAHOMA CITY, OK 73154-0256
(405) 962-1400
e-mail: licensing@okmedicalboard.org

APPLICATION TO PRACTICE/PROTOCOL FOR AN ANESTHESIOLOGIST ASSISTANT

(Please print or type.)

NAME OF ANESTHESIOLOGIST ASSISTANT: _____

Mailing Address: _____

THE ABOVE NAMED ANESTHESIOLOGIST ASSISTANT WILL BEGIN PRACTICE UNDER MY SUPERVISION ON ____/____/____. (NOTE: PRACTICE CANNOT BEGIN UNTIL RECEIPT OF BOARD APPROVAL) WE AGREE TO ABIDE BY THE RULES OF THE BOARD OF MEDICAL LICENSURE AND SUPERVISION.

AS A SUPERVISING PHYSICIAN, YOU ARE RESPONSIBLE FOR THE HEALTH CARE SERVICES PROVIDED BY YOUR AA. YOU ARE ALSO RESPONSIBLE FOR PROVIDING PROPER SUPERVISION OF YOUR AA IN ACCORDANCE WITH THE ANESTHESIOLOGIST ASSISTANT ACT AND REGULATIONS. YOU MUST GIVE PROMPT NOTICE TO THE BOARD AT THE TIME YOUR SUPERVISORY RELATIONSHIP ENDS. DISCIPLINARY ACTION MAY BE TAKEN AGAINST YOUR MEDICAL LICENSE FOR FAILURE TO PROPERLY SUPERVISE YOUR ANESTHESIOLOGIST ASSISTANT.

Supervision

- (a) An anesthesiologist assistant may only perform medical services under the direct supervision of a licensed anesthesiologist.
- (b) Direct supervision requires the on-site, personal supervision by the supervising anesthesiologist who is at all instances immediately available to provide assistance and direction to the anesthesiologist assistant while anesthesia services are being performed.
- (c) A licensed anesthesiologist may supervise up to four (4) anesthesiologist assistants concurrently. The limitation on the number of anesthesiologist assistants that an anesthesiologist may supervise in no way restricts the number of other qualified anesthesia providers that an anesthesiologist may concurrently supervise.

“Direct supervision” means the on-site, personal supervision by an anesthesiologist who is present in the office when the procedure is being performed in that office, or is present in the surgical or obstetrical suite when the procedure is being performed in that surgical or obstetrical suite and who is in all instances immediately available to provide assistance and direction to the anesthesiologist assistant while anesthesia services are being performed.

NAME OF PRIMARY SUPERVISING PHYSICIAN: _____

Physician’s License Number: _____ Physician’s DEA Number: _____

Physician’s Primary Practice Location: _____

Street

_____(_____)_____
City State Zip Code Telephone Number

Anesthesiologist Assistant Practice Setting (i.e. hospital, clinic, etc.) and address:

Facility		Street	
City	State	Zip Code	Telephone Number

Additional Practice Locations: _____

Duties and functions of the anesthesiologist assistant: _____

Conditions/procedures that require the personal provision of care by an anesthesiologist : _____

Procedures to be followed in the event of an anesthetic emergency: _____

NAME OF ADDITIONAL SUPERVISING PHYSICIAN: _____

Physician's License Number: _____ Physician's DEA Number: _____

Physician's Primary Practice Location: _____
Street

City State Zip Code (_____) Telephone Number

Signature of Physician Date

NAME OF ADDITIONAL SUPERVISING PHYSICIAN: _____

Physician's License Number: _____ Physician's DEA Number: _____

Physician's Primary Practice Location: _____
Street

City State Zip Code (_____) Telephone Number

Signature of Physician Date

NAME OF ADDITIONAL SUPERVISING PHYSICIAN: _____

Physician's License Number: _____ Physician's DEA Number: _____

Physician's Primary Practice Location: _____
Street

City State Zip Code (_____) Telephone Number

Signature of Physician Date

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Date Protocol Developed Date of Revision (if applicable)

Signature of Primary Supervising Physician Signature of Anesthesiologist Assistant

Sworn to before me this date: _____

(SEAL)

Commission Number: _____

Notary Public

My commission expires: _____