ANAFORM #5 (10/2022)

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION
101 NE 51st St, Oklahoma City OK 73105
(405) 962-1470
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:_____

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

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

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_____

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**

_____ _____
Date Protocol Developed **Date of Revision (if applicable)**

_____ _____
Signature of Primary Supervising Physician **Signature of Anesthesiologist Assistant**