OKLAHOMA STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION
101 NE 51ST STREET
OKLAHOMA CITY OK 73105
Phone: (405) 962-1470 email:licensing@okmedicalboard.org

APPLICATION INSTRUCTIONS FOR LICENSURE ANESTHESIOLOGIST ASSISTANT

An Anesthesiologist Assistant (ANA) may be considered for licensure if he/she meets the following qualifications:
1. Has graduated from an anesthesiologist assistant education program approved by the Oklahoma Medical Board, and
2. Has obtained a passing score on the examination administered through the National Commission for Certification of Anesthesiologist Assistants (NCAA).

Verification of NCCAA is sufficient verification of education and training.

All required documents, forms, and fees must accompany each application before it will be presented to the Board of Medical Licensure and Supervision (Board).

FEES – All fees are non-refundable. Fees for application must be paid online by credit card, debit card, or EFT from checking or savings account. Fees returned by the payer's financial institution must be replaced by a certified check or money order and include a $30 returned check processing fee.

Initial Application fee - $150	Biennial Renewal Fee - $150

APPLICATION AND FORMS FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT
All forms can be found in the Forms tab of the Resources section.

1) All sections of the application must be completed to the best of your knowledge. No applicant shall be awarded a license who does not provide the Board with complete, open and honest responses to all requests for information.
2) Any "yes" answer in the Question section of the application must have an explanation in comments section. If you answer "yes" to the question regarding previous arrests, you **must provide all available police reports, arrest records, and court documents.**
3) A detailed chronological history is required. Begin with listing the education/degree required for the license you are applying for to present. All employment, military service, and non-work time (i.e. unemployed, stay at home parent, etc.) must be provided.

Proof of passing the examination administered through the National Commission for Certification of Anesthesiologist Assistants (NCCAA) must be submitted directly by NCCAA.

A. **VERIFICATION OF LICENSURE** – Verification of all anesthesiologist assistant licenses or certificates ever held in the United States, Territory of the United States, and Canada must be sent by the respective Licensing Board directly to the Oklahoma Medical Board office. Applicant must contact the respective Licensing Board and request verification to be sent directly to the Oklahoma Medical Board.

B. **RECOMMENDATION (Form #4)** – The applicant must submit two personalized and individualized letters of recommendation from anesthesiologists on the Form #4. Form #4 must be completed 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 Form #4 must be addressed to the Oklahoma Board of Medical Licensure and must have been written no more than six (6) months prior to the filing of the application for licensure.

C. **EVIDENCE OF STATUS** – In order to verify citizenship or qualified alien status, applicants for licensure by endorsement or examination or for reinstatement of their license, must upload the required supporting documentation with their application.

D. **EXTENDED BACKGROUND CHECK** – Applicants for licensure are required to request an Extended Background Check.

E. **PROTOCOL (Form #5)** – The supervising physician and ANA must jointly complete and sign the Protocol (Form #5). The protocol must be on file with the Board prior to the time the ANA begins practice with the anesthesiologist or the anesthesiology group. Every anesthesiologist or group of anesthesiologists, upon entering into a supervisory relationship with and ANA must file with the Oklahoma Medical Board a written protocol, to include, at a minimum, the following:
    1. Name, address, and license number of the anesthesiologist assistant (ANA);

2. Name, address, license number and federal Drug Enforcement Administration (DEA) number of each anesthesiologist who will supervise the ANA;
3. Address of the ANA's primary practice location and any other locations where the ANA may practice;
4. The date the protocol was developed and the dates of all revisions;
5. The designation and signature of the primary supervising anesthesiologist;
6. Signatures of the ANA and all supervising anesthesiologists;
7. The duties and functions of the ANA;
8. Conditions or procedures that require the personal provision of care by and anesthesiologist; and
9. The procedures to be followed in the event of an anesthetic emergency.

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

G. All ANAs 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:

1. 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
2. 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 ANA as beneficiary. Any person claiming exemption from the financial responsibility law must timely document such exemption at initial certification, biennial renewal, and reactivation.

H. The applicant must provide proof of the following CMEs:

1. 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;
2. 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 require continuing medical education, upon submission of an affidavit of good cause, the applicant shall be allowed six (6) months to complete this requirement; and
3. 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 national affiliated professional association, or any provide 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.

PRACTICE MAY NOT BEGIN UNTIL A FULL LICENSE IS GRANTED BY THE OKLAHOMA MEDICAL BOARD.