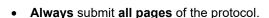
Board *of* Medicine Anesthesiologist Assistants

4052 Bald Cypress Way Bin C-03 Tallahassee, FL 32399-3257

Board of Medicine Anesthesiologist Assistant Protocol *Page 1 of 5*



- A separate protocol form must be submitted for each individual practice setting, i.e., working full-time in one practice
 and part-time in an additional practice with different supervising anesthesiologist(s) would require two completed
 protocols. (Satellite offices within the same practice do not constitute multiple practices, but must be documented on a
 single protocol. Satellite offices do not require separate forms.)
- Maintain a copy of your signed protocol form for credentialing purposes.
- Licensees are required to keep their protocol and licensure information current **at all times.**Failure to submit any changes or updates (mailing/practice locations, adding/deleting supervising physicians, etc.) within 30 days of the occurrence **will** result in disciplinary action.
- With the exception of practicing in a government facility, **only** an anesthesiologist with an unrestricted Florida license, and whose license is not on probation, is qualified to employ and supervise anesthesiologist assistants.

1. ANESTHESIOLOGIST ASSISTANT (AA) INFORMATION

Last/Surna	ame	Firs	it	Middle		
Address Change	?	Employme	nt Start Date:			
Yes No				MM/DD/YYYY	1	
Mailing Address:	:					
-	Street/P.O. Box				Apt. No.	City
State		ZIP	Country		Home/Cel	I Telephone
Practice Address	S :					
	Street/P.O. Box				Suite No.	City
State		ZIP	Country	 	Practice T	elephone
Email Address*:						

2. PURPOSE OF PROTOCOL (It is the responsibility of the AA to keep the protocol current.)

Section (s.) 458.3475, Florida Statutes (F.S.) and s. 459.023, F.S., and Rules 64B8-31 and 64B15-7, Florida Administrative Code, require that "Upon employment as an Anesthesiologist Assistant, a licensed Anesthesiologist Assistant must notify the board office prior to such employment and/or after any subsequent changes in the supervising Anesthesiologist(s). Such notification shall include the full name, Florida license number and address of the supervising Anesthesiologist(s) as appropriate."

Indicate the information being updated using this protocol form.			
Primary Supervising Physician	Adding	Deleting	No Change
Alternate Supervising Physician	Adding	Deleting	No Change
Practice Location	Adding	Deleting	No Change
Satellite Location	Adding	Deleting	No Change



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AA Name:	Florida License #: AA_				
ADDING SUPERVISING ANETHESIOLOGIST(S) INFORMATION					
anesthesiologist assistant must be qualified in the	Section 458.3475, F.S., and s. 459.023, F.S., state that "an Anesthesiologist who directly supervises an anesthesiologist assistant must be qualified in the medical areas in which the anesthesiologist assistant performand is liable for the performance of the anesthesiologist assistant."				
Attach additional copies of this page as necessary	Attach additional copies of this page as necessary. All dates must be in MM/DD/YYYY format.				
Name of Supervising Anesthesiologist	DEA#	Florida Medical License #			
Practice Address		Supervision Start Date			
Signature:					
Name of Supervising Anesthesiologist	DEA#	Florida Medical License #			
Practice Address		Supervision Start Date			
Signature:					
Name of Supervising Anesthesiologist	DEA#	Florida Medical License #			
Practice Address		Supervision Start Date			
Signature:					
Name of Supervising Anesthesiologist	DEA#	Florida Medical License #			
Practice Address		Supervision Start Date			
Signature:					
Name of Supervising Anesthesiologist	DEA#	Florida Medical License #			
Practice Address		Supervision Start Date			
Signature:					

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	(8000)		
ΑÆ	A Name:	Florida License #: <u>AA</u>	
4.	DELETING SUPERVISING ANETHESIOLOGIST Attach additional copies of this page as necessary	YYYY format.	
	Supervising Anesthesiologist to be Deleted	Florida Medical License #	Deletion Date
	Supervising Anesthesiologist to be Deleted	Florida Medical License #	Deletion Date
	Supervising Anesthesiologist to be Deleted	Florida Medical License #	Deletion Date
	Supervising Anesthesiologist to be Deleted	Florida Medical License #	Deletion Date
	Supervising Anesthesiologist to be Deleted	Florida Medical License #	Deletion Date
	Supervising Anesthesiologist to be Deleted	Florida Medical License #	Deletion Date
5.	DELETING PRACTICE LOCATION(S) INFORMATION Attach additional copies of this page as necessary		YYYY format.
	Practice Location to be De	eleted	Deletion Date
	Practice Location to be De	eleted	Deletion Date
	Practice Location to be De	eleted	Deletion Date
	Practice Location to be De	eleted	Deletion Date
	Practice Location to be De	eleted	Deletion Date
	Practice Location to be De	eleted	Deletion Date
	. Idented Education to be be		

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A Name:	Florida License #: AA					
. ANESTHESIOLOGIST ASSISTA	NESTHESIOLOGIST ASSISTANT DUTIES AND PROCEDURES					
A. List all duties and function	A. List all duties and functions to be performed by the AA.					
B. Describe procedures to be	followed in the event of an anesthetic emergency.					

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AA Name:	Florida License #: AA
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7. ANESTHESIOLOGIST ASSISTANT AND PRIMARY SUPERVISING PHYSICIAN SIGNATURE

The protocol must be on file with the board before the anesthesiologist assistant may practice with the anesthesiologist or group. An anesthesiologist assistant may not practice unless a written protocol has been filed for that anesthesiologist assistant.

The anesthesiologist assistant may only practice under the **direct** supervision of an anesthesiologist who has signed the protocol. "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.

The protocol must be updated biennially.

I declare that all statements provided on this form are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.072, F.S., s. 458.327, F.S., s. 458.331, F.S., s. 459.013, F.S., s. 459.015, F.S., s. 775.082, F.S., s. 775.083, F.S., and s. 775.084, F.S.			
Anesthesiologist Assistant Signature	Date (MM/DD/YYYY)		
Primary Supervising Physician Signature	Date (MM/DD/YYYY)		
Primary Supervising Physician Name (print)			

If you do not receive your stamped copy of the protocol form within 30 days, contact the board office at (850) 245-4131.