

## **Documentation of Exposure to Anesthesia Practice in the Operating Room**

All applicants are required to spend at least 8 hours in the operating room to observe the practice of surgical anesthesia. The purpose of this activity is to expose the applicant to the patient-anesthetist interaction, technology involved in anesthesia delivery, manual skills associated with anesthesia care and the level of responsibility for the patient. The applicant is responsible for contacting a local anesthesia provider and arranging to spend at least 8 hours with the physician anesthesiologist, a certified anesthesiologist assistant or - other anesthesia provider. These requirements may be satisfied by an individual who has worked in an anesthesia department or has had an anesthesia rotation as part of previous clinical training.

Applicant Name:	Telephone:	
How are you satisfying the requirement for exposu	re to anesthesia practice?	
☐ I have ☐ worked or ☐ volunteered in an anest	nesia department for	
☐ Hours ☐ Months ☐ Years	Job Title:	
$\square$ I have had a rotation in an anesthesia departme	nt as part of my clinical tr	raining in:
Program:	Date(s):	
At (Institution) Please include Name, City and Stat	e:	
☐ I have spent at least 8 hours with an anesthesia padministration of anesthesia on the following date(state of the following date).  Complete the information below regardless of which is the following date of the follo	s):	
experience to sign and date the verification below.		- · ·
Name:	Title:	
Institution (Please include Name, City and State):		
Supervisor's Signature:	Date:	
Daytime Telephone Number	Email Address:	