



**DEPARTMENT OF HEALTH
ANESTHESIOLOGIST
ASSISTANTS
P.O. Box 6330
Tallahassee, Florida 32399-6330
(850) 245-4131**



**APPLICATION FOR LICENSURE AS AN
ANESTHESIOLOGIST ASSISTANT
(INSTRUCTIONS)**

Prior to completing the application, we strongly recommend that you carefully read Sections 458 and 459, Florida Statutes and Rule Chapters 64B8-31, and 64B15-7 Florida Administrative Code. You must know and comply with the laws and rules as they pertain to your professional practice. Laws and rules are subject to change at any time. For updated information refer to the following web-sites www.leg.state.fl.us/ (statutes) and www.flrules.org (Florida Administrative Code).

Please take personal responsibility for preparing your application. Carefully read and follow all instructions. If you have questions, call for clarification. Applicants are required to keep the application information updated during processing.

The Department strongly suggests that you refrain from making a commitment or accepting a position in Florida until you are licensed.

Upon employment as an Anesthesiologist Assistant, you must notify the Florida Department of Health, Board of Medicine, Anesthesiologist Assistants within 30 days of beginning such employment or after any subsequent changes in the supervising physician(s) and any address changes. An Anesthesiologist Assistant Protocol must be used for this purpose.

THE FOLLOWING ITEMS MUST ACCOMPANY YOUR APPLICATION FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT: Copies must be legible. It is acceptable, and preferred that large documents be reduced to 8 1/2" x 11".

1. Applications and Initial License Fee:

No application will be processed without the fees. Application and initial license fees must accompany the application. The application fee is non-refundable. The application fee is \$150 and the initial license fee is \$100 plus \$5.00 unlicensed activity fee for any person applying for licensure as an Anesthesiologist Assistant as provided in Sections 458 and 459, F.S., Submit a check, money order or cashier's check made payable to the Florida Department of Health in the amount of \$255. The biennial license period for Anesthesiologist Assistants is February 1 odd year through January 31 odd year.

2. Anesthesiologist Assistant Diploma: Submit a photocopy of your Anesthesiologist Assistant diploma. Additionally, you are responsible for mailing to your Anesthesiologist Assistants program the "Anesthesiologist Assistant Program Verification Form".

3. NCCAA: Submit a photocopy of your certificate issued to you by the National Commission on Certification of Anesthesiologist Assistants (NCCAA). If you have had a previous certificate that lapsed, please indicate the certification number. Chapters 458 and 459 require any person desiring to be licensed, as an Anesthesiologist Assistant, must have "satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on Certification of Anesthesiologist Assistants (NCCAA). If an 64B8-31.003 & 64B15-7.003, F.A.C. DH-MQA-1087, revised (06/2020)

applicant does not hold a current certificate issued by the NCCAA and has not actively practiced as an Anesthesiologist Assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the NCCAA to be eligible for licensure." By Board rule, the Board may require an applicant who does not pass the NCCAA exam after five or more attempts to complete additional remedial education or training. Additionally, you are responsible for mailing the "NCCAA Verification Form" to NCCAA.

4. Advanced Cardiac Life Support (ACLS) Certificate: Submit a photocopy of your ACLS certificate issued by the American Heart Association.

5. United States Military and/or Public Health: Provide a copy of your discharge documents indicating type of discharge.

6. Name: List your name as it appears on your birth certificate and/or a legal name-change document. Nicknames or shortened versions are unacceptable. If you have a hyphenated last name, enter both names in the last name space. It will be recognized by the first letter of the first name; e.g., Diaz-Jones.

7. Financial Responsibility: Pursuant to Section 456.048(1), F.S., prior to licensure, the Anesthesiologist Assistant must provide a statement of liability coverage on forms approved by the Board.

8. Letters of Recommendation: Two current, original, personalized and individualized letters of recommendation from Anesthesiologists, (MD's or DO's) on his or her letterhead paper. Each letter must be addressed to the Board of Medicine and must have been written no more than six (6) months prior to the filing of the application. Letters addressed only "TO WHOM IT MAY CONCERN" and/or containing a signature stamp will not be accepted. Identical letters that appear to have been composed by the same person, or from family members, will not be accepted. If you are a recent graduate, your recommendation letters must be from your faculty anesthesiologists. If you were employed as an Anesthesiologist Assistant, your recommendation letters must be from supervising anesthesiologist. If clinical rotations are completed in a state other than your program and your preceptor physician is submitting a recommendation letter, please have the physician clarify his/her association with you. Letters should expound on your clinical skills and abilities.

9. License Verifications: (AA, PA, LPN, RN, EMT, CNA, Paramedic, RT, TT, PT, etc.)
Provide verification of licensure as an Anesthesiologist Assistant and/or any other healthcare practitioner in any state. Some agencies charge a fee for license verifications. If you are, or have been, licensed in the United States, contact each state and have them forward licensure/registration/certification, (including temporary licenses/permits) verification directly to the Board of Medicine. If no license/registration/ certification was required during your employment, please request that the state board provide such statement directly to this office. A copy of your license is not acceptable in lieu of a written verification of licensure from the State Licensing Agency. You may want to request state licensure verifications as soon as possible; some states can take up to 6 weeks to complete and mail verifications. Additionally, you are responsible for mailing the "Licensure Verification Form" to all state Medical Boards where you have ever held a license as a health care provider. (Not limited to Anesthesiologist Assistant licensure)

10. Education, Training, Employment and Non-Employment History: Question 17 must contain and account for all non-medical periods of time, including vacations and non-employment during the past five years. Question 18 must contain and account for all medical related employment. Omission of this information will cause a delay in the application process. Do not leave off more than 30 days.

11. Activities: You are required to update your application by providing the Board office with a written statement of your activities within 30 days of the Committee meeting to which your application is being considered.

12. Supplemental Documents: If any of the questions numbered 20-23 and 25-40 on the application are answered "Yes", you must submit a detailed statement, composed by you, explaining the circumstances. Should any of the questions in the "YES/NO" portion of the application fail to provide sufficient space for the requested information, use an additional page and number the additional information with the corresponding number in the application.

- For Questions 33-38: * Reports from all treating physicians/hospitals/institutions/agencies, including admission and discharge summary regarding treatment on conduct assessment(s); mental or physical conditions. Reports must include all DSM III R/DSM IV, Axis I and II diagnoses and codes and Axis III condition and prescribed medications. Applicants, who have any history of those listed above, may be required to undergo a current conduct assessment through Florida's Professionals Resource Network (PRN). Also see "Supplemental Documents".
- For Questions 23, 25-29, and 39-40: * Submit court copies of charges/arrest report(s), indictments(s) and judgment(s) and satisfaction of judgment(s) Submit copies of any litigation or any other proceedings in any court of law or equity, any criminal court, any arbitration Board or before any governmental Board or Agency, to which you have been a party, either as a plaintiff, defendant, co-defendant, or otherwise. Also see "Supplemental Documents".
- For Questions 20-22 and 32: * Submit Copies of supporting documentation. Also see "Supplemental Documents".
- For Questions 30: * Submit court copies of complaint(s), amended complaint(s), and judgment(s). If litigation is pending, the attorney representing the case must submit a letter addressed to the Committee on Anesthesiologist Assistants explaining the current litigation status. Submit a statement, composed by you, stating how many cases you have been named in and the details of your involvement. Also see "Supplemental Documents".

*Section 456.013(3)(c), Florida Statutes, permits the Board to require your personal appearance.

<p>The Total Fee (includes Application, License, and Unlicensed Activity Fees) \$255</p> <p>Return all pages of the application. (Excluding instruction pages)</p> <p>Application must be typed or printed legibly.</p>	<p>DEPARTMENT OF HEALTH BOARD OF MEDICINE P.O. Box 6330 Tallahassee, Florida 32399-6330 (850) 245-4131</p> <p>APPLICATION FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT</p>	<p>For Deposit/Receipt Only</p> <p>CLIENT 1515</p>
<p>1. Today's Date:</p>		
<p>2. Name: _____ (First) (Middle) (Last)</p>		
<p>3. List all legal name changes including marriage, maiden, or other:</p>		
<p>4. Mailing Address: _____ (No. & Street) (City, State) (Zip)</p>		
<p>5. Permanent Address: _____ (No. & Street) (City, State) (Zip)</p>		
<p>6. Date of Birth: (Month, Day, Year)</p>		
<p>7a. Primary Telephone Number:</p>	<p>7b. Alternate Telephone Number:</p>	
<p>OPTIONAL: E-mail Address:</p>		
<p>ACCREDITED ANESTHESIOLOGIST ASSISTANT PROGRAM:</p>		
<p>8. Name and location of program:</p>		
<p>9. Dates of Attendance: (Month/Day /Year)</p> <p>From _____ To _____</p>		

CERTIFICATION HISTORY:

10a. Have you ever taken the examination of the National Commission on Certification of Anesthesiologist Assistants? YES <input type="checkbox"/> NO <input type="checkbox"/>	10b. Initial NCCAA exam dates; month and year.
11a. Have you ever failed the examination of the National Commission on Certification of Anesthesiologist Assistants? YES <input type="checkbox"/> NO <input type="checkbox"/>	11b. If yes, list all failed exam dates; month / year.
12a. Are you re-certified by the NCCAA? YES <input type="checkbox"/> NO <input type="checkbox"/>	12b. List all NCCAA re-certification exam dates.
13. Have you completed the Advanced Cardiac Life Support program administered by the American Heart Association? YES <input type="checkbox"/> NO <input type="checkbox"/>	14. List ACLS completion date; month and year.

LICENSURE HISTORY:

15. In what states are/were you licensed/registered as a healthcare provider? (AA, EMT, CNA, RN, etc.) Include all temporary certificates/licenses. List the states, the license number, issue date and type of license. If non-applicable, indicate N/A or none. (see #9 on page 3 of the instructions)

EDUCATION HISTORY:

16. List, undergraduate, graduate and professional education – Starting with undergraduate education, list in chronological order all schools, colleges and universities attended, whether completed or not. Submit on a separate sheet if needed.

COLLEGE OR UNIVERSITY: List the name, location of school, dates of attendance and degrees earned.

OTHER TRAINING:

NON-MEDICAL EMPLOYMENT HISTORY:

17. In CHRONOLOGICAL order list all non-medical employment during the past 5 years until present. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application. Add additional sheets if necessary.

NAME & ADDRESS OF FACILITY FOR NON-MEDICAL EMPLOYMENT DURING LAST 5 YRS	Dates of Employment (Month and Year)	Title of position held & reason for leaving

MEDICAL EMPLOYMENT HISTORY:

18. In CHRONOLOGICAL order list all medical related employment. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application. Add additional sheets if necessary.

Name and Address of Employer	Dates of Employment (Month and Year)	Title of position held & reason for leaving

MILITARY HISTORY:

19. Have you ever been in the United States Military and or Public Health Service? If yes, please list below the branch of service, rank and all dates of service. Provide a copy of your discharge document.

YES NO

THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO. ALL AFFIRMATIVE ANSWERS MUST BE PERSONALLY EXPLAINED TO THE COUNCIL IN DETAIL ON AN ADDITIONAL SHEET. DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.

20. Have you ever been denied a license as an Anesthesiologist Assistant or health care practitioner by any state board or other governmental agency of any state or country? YES NO
21. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature, including, but not limited to, a charge of violation of the medical practice act, unprofessional or unethical conduct? YES NO
22. Have you ever had a license to practice as an Anesthesiologist Assistant or other health care practitioner revoked, suspended, or other disciplinary action taken in any state, territory or country? YES NO
23. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question YES NO
24. I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation. YES NO
25. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #26.) YES NO
- 25a. If "yes" to 25, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? YES NO
- 25b. If "yes" to 25, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes.) YES NO
- 25c. If "yes" to 25, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? YES NO
- 25d. If "yes" to 25, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or charges dismissed? (If "yes", please provide supporting documentation.) YES NO
26. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? YES NO
- 26a. If "yes" to 26, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? YES NO
27. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 27a.) YES NO
- 27a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? YES NO
28. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 28a or 28b.) YES NO
- 28a. Have you been in good standing with a state Medicaid program for the most recent five years? YES NO
- 28b. Did the termination occur at least 20 years before the date of this application? YES NO