ANESTHESIOLOGIST ASSISTANT PROTOCOL

INSTRUCTIONS AND INFORMATION

- ✓ Always submit pages 2 – 5 of the Protocol (excluding instruction page)
- ✓ The Anesthesiologist Assistant MUST sign page five.
- ✓ A separate Protocol must be submitted for each individual practice setting. (Satellite offices DO NOT require separate forms but DO need to be listed.)
- ✓ If you do not receive your stamped copy of the Protocol within 30 days, please call us to confirm we have received it; (850) 245-4131.
- ✓ Please maintain a copy of your signed Protocol for credentialing purposes.
- ✓ Failure to submit any changes or up-dates within 30 days of the occurrence will result in disciplinary action. (mailing / practice locations, adding / deleting supervising physicians)
- ✓ With the exception of practicing in a government facility, only anesthesiologist's with an unrestricted Florida license, and whose license is not on probation, is qualified to employ and supervise anesthesiologist assistants.

PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST(S):

Sections 458.3475 and 459.023, Florida Statutes, state that "an Anesthesiologist or group of Anesthesiologists who directly supervises an anesthesiologist assistants must be qualified in the medical areas in which the anesthesiologist assistant performs and is individually or collectively responsible and liable for the performance and the acts and omissions of the anesthesiologist assistant. **No Anesthesiologist shall have under his/her supervision more than four (4) currently licensed anesthesiologist assistants at any one time."**

Keep a copy of these frequently used phone numbers and Web sites

- **Anesthesiologist Assistant Website**: www.flhealthsource.com (Applications, Protocols, renewal forms, CME requirements, address changes,)
  - **MQA Services** (Look-up License, request an application, request license certification for another state medical board.
- **Laws & Rules:** www.leg.state.fl.us/ and www.fac.dos.state.fl.us
- **Web Board Address:** www.flboardofmedicine.gov
- **American Medical Association (AMA):** (312) 464-5000
- **American Academy of Anesthesiologist Assistants (AAAA):** (678) 222-4221
- **American Osteopathic Association (AOA):** (800) 621-1773
- **NCCAA:** (919) 573-5439
- **Medicaid:** (877) 267-2323 **Medicare:** (877) 267-2323 http://www.cms.gov

PROTOCOL
Department of Health
Anesthesiologist Assistants
4052 Bald Cypress Way, Bin #C03
Tallahassee, Florida 32399-3253
(850) 245-4131

Sections 458.3475 and 459.023, Florida Statutes, 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 within 30 days after such employment 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."**
A separate Protocol is required for each distinct practice, i.e., working full-time in one practice and then working part-time in an additional practice with different supervising Anesthesiologist (s) and would require two (2) completed Protocols. Satellite offices within the same practice do not constitute multiple practices, but must be documented on a single Protocol.

ANESTHESIOLOGIST ASSISTANT DATA:

Name:	FL License #: AA
Address Change? Yes ☐ No ☐	Employment Date: / /
Mailing Address:	
Practice Address:	
Home telephone #:	Practice telephone #:
E-mail Address:	

PLEASE INDICATE BELOW THE REASON(S) FOR SUBMITTING THIS FORM: If you are adding new information, please see page 4. If you are deleting information, please see page 5.

Adding	☐	Deleting	☐	Primary Supervising Physician
Adding	☐	Deleting	☐	Alternate Supervising Physician
Adding	☐	Deleting	☐	Practice Location
Adding	☐	Deleting	☐	Satellite Location

DUTIES AND PROCEDURES PERFORMED BY THE AA

Duties and functions of the Anesthesiologist Assistant:
The conditions or procedures that require the personal provision of care by an AA:
The procedures to be followed in the event of an anesthetic emergency:

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 <u>direct</u> 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.

ADDING SUPERVISING ANESTHESIOLOGIST(S) DATA:				
Name and Practice Address Of **ALL** Supervising Anesthesiologist (s) PLEASE PRINT	Supervising Physician(s) DEA Number	Physician(s) Florida Medical License #	Signature of Supervising Anesthesiologist	Beginning Date of Supervision

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Signature of primary supervising anesthesiologist.

DELETING SUPERVISING ANESTHESIOLOGIST(S)

NAME OF SUPERVISING ANESTHESIOLOGIST (S) YOU ARE DELETING	PHYSICIAN(S) FLORIDA MEDICAL LICENSE	DELETION DATE

DELETION OF PRACTICE LOCATION(S)

	DELETION DATE

I declare that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.072, 458.327, 458.331, 459.013, 459.015, 775.082, 775.083 and 775.084, Florida Statutes.

_____Date: _____

Signature of Anesthesiologist Assistant

******IMPORTANT NOTE******

Please submit the original and one copy of this form fully completed to the Department of Health, Board of Medicine, Anesthesiologist Assistants, 4052 Bald Cypress Way, BIN C03 Tallahassee, Florida 32399-3253. The copy will be acknowledged, stamped with date of receipt by the Board office and returned to the Anesthesiologist Assistant.

For a digital copy of the Protocol, please go to www.FLBoardofMedicine.gov and click on Resources.