



Board of Medicine Anesthesiologist Assistant Protocol

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- **Always** submit **all pages** of the protocol.
- 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

Name: _____			Florida License #: <u>AA</u>	
Last/Surname	First	Middle		
Address Change?		Employment Start Date: _____		
Yes	No	MM/DD/YYYY		
Mailing Address: _____				
Street/P.O. Box		Apt. No.	City	
_____		_____	_____	
State	ZIP	Country	Home/Cell Telephone	
_____	_____	_____	_____	
Practice Address: _____				
Street/P.O. Box		Suite No.	City	
_____		_____	_____	
State	ZIP	Country	Practice Telephone	
_____	_____	_____	_____	
Email Address*: _____				

*Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

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 _____

3. ADDING SUPERVISING ANESTHESIOLOGIST(S) INFORMATION

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 performs and is liable for the performance of the anesthesiologist assistant.”

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:		

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Signature:		

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AA Name: _____ Florida License #: AA _____

4. DELETING SUPERVISING ANESTHESIOLOGIST(S) INFORMATION

Attach additional copies of this page as necessary. All dates must be in MM/DD/YYYY format.

Supervising Anesthesiologist to be Deleted	Florida Medical License #	Deletion Date

Supervising Anesthesiologist to be Deleted	Florida Medical License #	Deletion Date

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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. All dates must be in MM/DD/YYYY format.

Practice Location to be Deleted	Deletion Date

Practice Location to be Deleted	Deletion Date

Practice Location to be Deleted	Deletion Date

Practice Location to be Deleted	Deletion Date

Practice Location to be Deleted	Deletion Date

Practice Location to be Deleted	Deletion Date

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AA Name: _____ Florida License #: AA _____

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.