

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE
108 CHERRY STREET
BURLINGTON, VT 05401
(802) 657-4220

APPLICATION BY PROPOSED PRIMARY SUPERVISING ANESTHESIOLOGIST

Please print.

Name of Supervisor: _____
(Last) (First) (Middle)

Address where AA will be supervised:

(Office Name)

(Street)

(City/State, Zip Code) (Telephone Number)

Vermont Physician License #: _____

Hospital(s) where you have privileges:

Hospital(s)	Location	Specialty
_____	_____	_____
_____	_____	_____
_____	_____	_____

What arrangements have you made for supervision when you are not available:

List the names and addresses of all anesthesiologist assistants you currently supervise:

CERTIFICATE OF PROPOSED PRIMARY SUPERVISING ANESTHESIOLOGIST

I hereby certify that, in accordance with 26 VSA, Chapter 29, I shall be legally responsible for all professional activities of _____, A.A. while under my supervision. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice. I further certify that notice will be posted that an anesthesiologist assistant is used, in accordance with 26 VSA, Chapter 29, Section 1657. I also affirm that I have read and will abide by all provisions of 26 VSA, Chapter 29, of the Statutes of the Vermont Board of Medical Practice.

I further certify that I have read the statutes and Board rules governing anesthesiologist assistants.

(Date)(Signature of Proposed Primary Supervising Anesthesiologist)

Co-signature of A. A. Applicant: _____

Note: An AA who prescribes controlled drugs must obtain an ID number from DEA.

AA's DEA Number _____

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APPLICATION BY PROPOSED SECONDARY SUPERVISING ANESTHESIOLOGIST

Please print. Incomplete applications will be returned. Attach additional sheets as needed.

Name of Supervisor _____
(Last) (First) (Middle)

Address where AA will be supervised:

(Office Name)

(Street)

(City/State, Zip Code) (Telephone Number)

Vermont License #: _____

Hospital(s) where you have privileges:

Hospital(s)	Location	Specialty
_____	_____	_____
_____	_____	_____

List all the names and addresses of anesthesiologist assistants you currently supervise:

CERTIFICATE OF PROPOSED SECONDARY SUPERVISING ANESTHESIOLOGIST

I hereby certify that, in accordance with 26 VSA, Chapter 29, I shall be legally responsible for all professional activities of _____, A.A. while I am supervising him/her. I further certify that the protocol outlining the scope of practice, attached to this application, does not exceed the normal limits of my practice and that in accordance with 26 VSA, Chapter 29, Section 1657. I also affirm that I have read and will abide by all provisions of 26 VSA, Chapter 29, of the Statutes of the Vermont Board of Medical Practice.

I further certify that I have read the statutes and Board rules governing anesthesiologist assistants.

(Date)

(Signature of Proposed Secondary Supervising Anesthesiologist)

VERMONT BOARD OF MEDICAL PRACTICE ANESTHESIOLOGIST ASSISTANT SCOPE OF PRACTICE

A Scope of practice means a written document detailing those areas of medical practice including duties and medical acts, delegated to the anesthesiologist assistant by the supervising physician for which the physician is qualified by education, training and experience. At no time shall the scope of practice of the anesthesiologist assistant exceed the normal scope of either the primary or secondary supervising physician(s) practice.

Anesthesiologist assistants practice medicine with physician supervision. Anesthesiologist assistants may perform those duties and responsibilities, including the prescribing and dispensing of drugs and medical devices, that are delegated by their supervising physician(s).

Anesthesiologist assistants shall be considered the agents of their supervising physicians in the performance of all practice-related activities, including but not limited to, the ordering of diagnostic, therapeutic and other medical services.

It is the obligation of each team of physician(s) and the anesthesiologist assistant(s) to insure that the written scope of practice submitted to the Board for approval clearly delineates the role of the anesthesiologist assistant in the medical practice of the supervising physician. This should cover at least the following categories:

- a) Narrative: A brief description of the practice setting, the types of patients and patient encounters common to this practice and a general overview of the role of the anesthesiologist assistant in that practice.
- b) Supervision: A detailed explanation of the mechanisms for on-site physician supervision and communication, back-up and secondary supervising physician utilization. Included here should be a description of the method of transport and back-up procedures for immediate care and transport of patients who are in need of emergency care when the supervising physician is not on premises. This explanation should include issues such as, ongoing review of the anesthesiologist assistant's activities, retrospective chart review, co-signing of patient charts, and utilization of the services of non-supervising physicians and consultants.
- c) Sites of Practice: A description of any and all practice sites (i.e. office, clinic, outpatient, hospital inpatient, industrial sites, schools, etc.). For each site, a description of the AA's activities.
- d) Tasks/Duties: A list of the AA's tasks and duties in the supervising physician's scope of practice.

This list should express a sense of involvement in the level of medical care in that practice. The supervising physician may only delegate those tasks for which the anesthesiologist assistant is qualified by education, training and experience to perform. Notwithstanding the above, the anesthesiologist assistant should initiate emergency care when required while accessing back-up assistance. At no time should a particular task assigned to the AA fall outside of the scope of practice of the supervising physician.

c) An authorization to prescribe medications which includes the following statements:

- 1) The anesthesiologist assistant named in this document will be authorized to prescribe medications in accordance with the scope of practice submitted to and approved by the Vermont Board of Medical Practice.
- 2) The anesthesiologist assistant named in this document will be authorized to prescribe controlled drugs in accordance with the scope of practice submitted to and approved by the Vermont Board of Medical Practice. A anesthesiologist assistant who prescribes controlled drugs must obtain an identification number from the federal Drug Enforcement Agency (DEA). The anesthesiologist assistant DEA number is (insert DEA number).