

Please list any limitations or comments you may have on a separate sheet

IDENTIFYING INFORMATION	Last Name	First name	Middle name	Previous Surname																																																																
			Date of Birth																																																																	
CERTIFICATIONS	<input type="checkbox"/> BLS expires: _____	<input type="checkbox"/> ACLS expires: _____	<input type="checkbox"/> ATLS expires: _____	<input type="checkbox"/> NRP expires: _____	<input type="checkbox"/> PALS expires: _____	<input type="checkbox"/> TEE expires: _____																																																														
POPULATIONS WORKED WITH	<input type="checkbox"/> Adult <input type="checkbox"/> Pediatric <input type="checkbox"/> Neonatal																																																																			
SCOPE OF PRACTICE	<p><b>Please check the box indicating which clinical capabilities you are able to perform, and where indicated #, list the approximate number performed within the last 24 months.</b></p> <table border="1"> <thead> <tr> <th colspan="2">Area/Procedure</th> <th colspan="2">Area/Procedure</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> *General cases</td> <td>#</td> <td><input type="checkbox"/> Ventilation management - Establishing and maintaining an airway; various modes of ventilation</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Spinal anesthesia</td> <td>#</td> <td rowspan="2"><input type="checkbox"/> Evaluation and management of acute volume / BP issues Insertion of:</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Epidural anesthesia</td> <td>#</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Regional anesthesia</td> <td>#</td> <td><input type="checkbox"/> Central Line</td> <td>#</td> </tr> <tr> <td><input type="checkbox"/> Obstetrical cases</td> <td>#</td> <td><input type="checkbox"/> Arterial Line</td> <td>#</td> </tr> <tr> <td><input type="checkbox"/> Neurosurgical cases</td> <td></td> <td><input type="checkbox"/> PA Catheter</td> <td>#</td> </tr> <tr> <td><input type="checkbox"/> Head</td> <td>#</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Spine</td> <td>#</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Open heart anesthesia</td> <td>#</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Thoracic cases (except open heart)</td> <td>#</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Complex vascular cases (except open heart)</td> <td>#</td> <td colspan="2">Do you feel comfortable supervising CRNAs? <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td><input type="checkbox"/> Complex orthopedic cases</td> <td>#</td> <td colspan="2">Do you perform TEEs? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note: TEE Cert above</b></td> </tr> <tr> <td><input type="checkbox"/> Bariatric cases</td> <td>#</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Pain management procedures</td> <td>#</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other (specify):</td> <td>#</td> <td colspan="2">*General cases: Administration of anesthesia for surgical cases including general, ENT, gynecologic, urologic, vascular, orthopedic, and other routine surgeries.</td> </tr> </tbody> </table>					Area/Procedure		Area/Procedure		<input type="checkbox"/> *General cases	#	<input type="checkbox"/> Ventilation management - Establishing and maintaining an airway; various modes of ventilation		<input type="checkbox"/> Spinal anesthesia	#	<input type="checkbox"/> Evaluation and management of acute volume / BP issues Insertion of:		<input type="checkbox"/> Epidural anesthesia	#		<input type="checkbox"/> Regional anesthesia	#	<input type="checkbox"/> Central Line	#	<input type="checkbox"/> Obstetrical cases	#	<input type="checkbox"/> Arterial Line	#	<input type="checkbox"/> Neurosurgical cases		<input type="checkbox"/> PA Catheter	#	<input type="checkbox"/> Head	#			<input type="checkbox"/> Spine	#			<input type="checkbox"/> Open heart anesthesia	#			<input type="checkbox"/> Thoracic cases (except open heart)	#			<input type="checkbox"/> Complex vascular cases (except open heart)	#	Do you feel comfortable supervising CRNAs? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Complex orthopedic cases	#	Do you perform TEEs? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note: TEE Cert above</b>		<input type="checkbox"/> Bariatric cases	#			<input type="checkbox"/> Pain management procedures	#			<input type="checkbox"/> Other (specify):	#	*General cases: Administration of anesthesia for surgical cases including general, ENT, gynecologic, urologic, vascular, orthopedic, and other routine surgeries.	
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I affirm that all information given on this page is true and accurate.

Initials \_\_\_\_\_ Date \_\_\_\_\_