EMPLOYEE CONTRACT FORM

I, _____, an applicant for
               (Applicant's Name)

Certification of Anesthesiologist Assistant, am employed by

_____
                        (Employer's Name)

for the period beginning   _____
                                 (Month/Day/Year)

Termination of my contract will cause my certification to become null and void.

_____   _____
Signature of Anesthesiologist Assistant   Date

_____   _____
Signature of Supervising Anesthesiologist   Date

_____
Print Name of Anesthesiologist

NOTE: A contract from each separate employer is required.

STATE OF VERMONT
BOARD OF MEDICAL PRACTICE
108 Cherry Street P.O. Box 70
Burlington, VT 05402

APPLICATION BY PROPOSED PRIMARY 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 Physician License Number: _____

Hospital(s) where you have privileges:

Hospital(s)   Location   Specialty

_____

_____

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

_____

_____

List the name and addressed 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 (Name of AA) _____, 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.

_____ _____

Signature of Primary Supervising Anesthesiologist   Date

_____ _____

Signature of AA Applicant   Date

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

STATE OF VERMONT
BOARD OF MEDICAL PRACTICE
108 Cherry Street P.O. Box 70
Burlington, VT 05402

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 Number: _____

Hospital(s) where you have privileges:

Hospital(s)   Location   Specialty
_____

_____

List the name and addressed of all 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 (Name of AA) _____, A.A. while I am supervising them. 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.

_____   _____
Signature of Proposed Secondary Supervising Anesthesiologist   Date

PROTOCOL REQUIREMENTS FOR ANESTHESIOLOGIST ASSISTANTS

In order to practice, a certified Anesthesiologist Assistant shall have completed a protocol with a Vermont licensed Anesthesiologist signed by both the anesthesiologist assistant and the supervising anesthesiologist. The original shall be filed with the Board and copies shall be kept on file at each of the anesthesiologist assistant's practice sites. All applicants and certificatees shall demonstrate that the requirements for certification are met.

The Protocol document shall be signed by the primary supervising anesthesiologist and the AA, and shall cover at least the following:

- Narrative: A description of the practice setting, patient population common to the practice and, a general overview of the role of the anesthesiologist assistant in that practice.
- A detailed description of the manner in which on-site and off-site Anesthesiologist supervision and communication will occur;
- A detailed description of the manner in which secondary supervising anesthesiologists will be utilized, and the means by which communication with them will be managed
- A detailed description of the manner in which emergency conditions will be handled in the absence of an on-site anesthesiologist, including
    - Plans for immediate care,
    - Means of accessing emergency transport;
    - A detailed description of the physician's supervision plan for the AA's practice; and
    - A detailed description of the physician's plan for retrospective review of AA charts which must at least include the following:
        - The frequency with which these reviews will be conducted;
        - The minimum number or percentage of charts that will be reviewed;
        - The method by which charts will be selected for review; and
        - The methods by which the review will be documented;
- Sites of Practice: Name, physical address and type of facility for each practice site.
- Duties: A list of the tasks and duties delegated to the AA, which shall include only activities within the supervising anesthesiologists' scope of practice. The supervising anesthesiologist may only delegate those tasks for which the anesthesiologist assistant is qualified by education, training, and experience to perform.
- Authorization To Prescribe. An AA may prescribe only those drugs that are within the scope of practice of both the AA and the primary supervising anesthesiologist as documented in the protocol. If authorized to prescribe prescription drugs and/or devices, the protocol must address all of the following (if applicable): 27.3.5.1 Whether the AA is authorized to prescribe controlled substances;
    - The AA's DEA number; and
    - The specific schedules authorized