Verification of Exposure to Anesthesia Practice

The purpose of exposure to anesthesia practice is to have the applicant obtain a better understanding of the anesthesia care team practice model, patient-provider interactions, and the technology and manual skills involved in anesthesia delivery and care through the observation of the administration of anesthesia and other patient care activities such as preoperative and postoperative evaluations.

The applicant can obtain this exposure by 'shadowing' in the operating room, previous clinical training, or prior job experience.

Please indicate how you are verifying your exposure to anesthesia practice:

☐ I have spent time with an anesthesiologist, anesthesiologist assistant, or nurse anesthetist in the perioperative setting observing anesthesia delivery and patient care.

Date(s) _____ Name of Institution _____

Preceptor's Name (print) _____ Preceptor's Signature _____

☐ I have **worked** **volunteered** (circle one) in an anesthesia department for:

Hours, months or years _____

Job Title/Institution _____ / _____

☐ I have had an anesthesia rotation as part of my clinical training in:

Program _____ Date(s) _____

Institution (Name, City, State) _____

Applicant Name (print) _____

Applicant Signature _____

Date _____ - _____ - _____