

## DOCUMENTATION OF FAMILIARITY WITH ANESTHESIA PRACTICE

The Anesthesiology Program requires that every applicant be familiar with the practice of anesthesia and the operating room environment. Some applicants can meet this requirement with previous work experience or clinical experience. Others will have to arrange to spend at least one day with an anesthetist or anesthesiologist in an operating room observing the administration of anesthesia and other patient care activities.

### APPLICANT

- Complete this page above the bold line.
- Enter your full name: \_\_\_\_\_
- Check the reason that you are familiar with the practice of anesthesia and the OR environment:
  - I have worked in an anesthesiology department or service.
  - I have had an anesthesiology rotation as part of previous clinical training.
  - I have spent at least 8 hours with an anesthetist or anesthesiologist in the operating room observing the administration of anesthesia on (date) \_\_\_\_/\_\_\_\_/\_\_\_\_.
- Enter the name, hospital, address, and phone number of the person responsible for the activity which you checked:

Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

- When you print out this application document, provide a copy of this page to your preceptor or supervisor.
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### PRECEPTOR OR SUPERVISOR

- Please sign below to acknowledge the anesthesia-based exposure which the applicant has checked above.
- Please return this form to that individual for inclusion in their application.
- Please check the following box if you are providing a letter of recommendation for this person [ ]
- Please date and sign this form:

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_