

# Wisconsin Department of Safety and Professional Services

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## MEDICAL EXAMINING BOARD

### REQUEST FOR A TEMPORARY LICENSE FOR ANESTHESIOLOGIST ASSISTANT

**APPLICANT: Complete this section and submit to the supervising physician. Form must be returned directly from the supervising physician to the Department.**

Applicant's Name	Application Number
<b>ATTESTATION OF APPLICANT:</b> I declare that I am the person referred to on this form and that all information required to be completed by me (the applicant for a credential), is complete and accurate to the best of my knowledge and belief. Furthermore, I declare that after completing the information that was required by me (and only that information) the form was forwarded to the relevant third-party for completion of the information asked of them. I also declare that to the best of my knowledge the completed form was provided to the Department of Safety and Professional Services by the relevant third-party (and not by me, the applicant). Finally, I declare that I understand that failure to provide the requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential may result in credential application processing delays; denial, revocation, suspension, or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. By signing below, I am signifying that I have read and understand the above declarations.	
Applicant Signature (If unable to provide a digital signature, print and sign form.)	Date
	____ / ____ / ____

**SUPERVISING PHYSICIAN: Complete this section for the above-named applicant and return directly to the Department using the License Third-Party\* Upload Portal at [license.wi.gov](http://license.wi.gov). You will need the application number shown above. (\*For form completion purposes, the term "Third-Party" refers to any non-applicant or non-DSPS individual or entity submitting required documentation in support of a credential application.)**

### AFFIDAVIT OF SUPERVISING PHYSICIAN

My signature below indicates that I request that a temporary license to practice as an anesthesiologist assistant in the State of Wisconsin be issued to the applicant named above. My signature indicates that I agree to assume supervisory responsibility for the practice of the anesthesiologist assistant under the terms of Wis. Stat. § 448.22. I have read the following and understand legal and practice requirements of an anesthesiologist assistant who is a temporary licensee. I am aware that, for the Department's purposes, it will be my responsibility to insure that the practice of any temporary licensee under my supervision does not place any patient at unacceptable risk of harm, and that the practice of the temporary licensee under my supervision complies with any and all legal requirements. I understand that any failure on my part to fulfill the obligations of competent and legal supervision could result in disciplinary action against my license to practice medicine and surgery.

**Requirements of a temporary license to practice as an anesthesiologist assistant pursuant to Wis. Stat. § 448.04(1) (g) are as follows:**

- The board may issue a temporary license to a person who meets the requirements under Wis. Stat. § 448.05(5w) and who is eligible to take, but has not passed, the examination under Wis. Stat. § 448.05(6).
- A temporary license expires on the date on which the board grants or denies an applicant permanent licensure or on the date of the next regularly scheduled examination required under Wis. Stat. § 448.05(6) if the applicant is required to take, but has failed to apply for, the examination.
- An applicant who continues to meet the requirements for a temporary license may request that the board renew the temporary license, but an anesthesiologist assistant may not practice under a temporary license for a period of more than 18 months.

**Pursuant to Wis. Stat. § 448.05(5w), requirements for a license to practice as an anesthesiologist assistant are as follows:**

- A bachelor's degree.
- Satisfactorily completion of an anesthesiologist assistant program that is accredited by the Commission on Accreditation of Allied Health Education Programs, or by a predecessor or successor entity.
- A passing score on the certifying examination administered by, and obtained active certification from, the National Commission on Certification of Anesthesiologist Assistants or a successor entity.

**Wis. Stat. § 448.22 Anesthesiologist assistants.** (1) In this section, "supervision" means the use of the powers of direction and decision to coordinate, direct, and inspect the accomplishments of another, and to oversee the implementation of the anesthesiologist's intentions. *(Continued on next page.)*

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*(Continued from previous page.)*

- (2) An anesthesiologist assistant may assist an anesthesiologist in the delivery of medical care only under the supervision of an anesthesiologist and only as described in a supervision agreement between the anesthesiologist assistant and an anesthesiologist who represents the anesthesiologist assistant's employer. The supervising anesthesiologist shall be immediately available in the same physical location or facility in which the anesthesiologist assistant assists in the delivery of medical care such that the supervising anesthesiologist is able to intervene if needed.
- (3) A supervision agreement under sub. (2) shall do all of the following:
- (a) Describe the supervising anesthesiologist.
  - (b) Define the practice of the anesthesiologist assistant consistent with subs. (2), (4), and (5).
- (4) An anesthesiologist assistant's practice may not exceed his or her education and training, the scope of practice of the supervising anesthesiologist, and the practice outlined in the anesthesiologist assistant supervision agreement. A medical care task assigned by the supervising anesthesiologist to the anesthesiologist assistant may not be delegated by the anesthesiologist assistant to another person.
- (5) An anesthesiologist assistant may assist only the supervising anesthesiologist in the delivery of medical care and may perform only the following medical care tasks as assigned by the supervising anesthesiologist:
- (a) Developing and implementing an anesthesia care plan for a patient.
  - (b) Obtaining a comprehensive patient history and performing relevant elements of a physical exam.
  - (c) Pretesting and calibrating anesthesia delivery systems and obtaining and interpreting information from the systems and from monitors.
  - (d) Implementing medically accepted monitoring techniques.
  - (e) Establishing basic and advanced airway interventions, including intubation of the trachea and performing ventilatory support.
  - (f) Administering intermittent vasoactive drugs and starting and adjusting vasoactive infusions.
  - (g) Administering anesthetic drugs, adjuvant drugs, and accessory drugs.
  - (h) Implementing spinal, epidural, and regional anesthetic procedures.
  - (i) Administering blood, blood products, and supportive fluids.
  - (j) Assisting a cardiopulmonary resuscitation team in response to a life threatening situation.
  - (k) Participating in administrative, research, and clinical teaching activities specified in the supervision agreement.
  - (l) Supervising student anesthesiologist assistants.
- (6) An anesthesiologist who represents an anesthesiologist assistant's employer shall review a supervision agreement with the anesthesiologist assistant at least annually. The supervision agreement shall be available for inspection at the location where the anesthesiologist assistant practices. The supervision agreement may limit the practice of an anesthesiologist assistant to less than the full scope of practice authorized under sub. (5).
- (7) An anesthesiologist assistant shall be employed by a health care provider, as defined in s. 655.001 (8), that is operated in this state for the primary purpose of providing the medical services of physicians or that is an entity described in s. 655.002 (1) (g), (h), or (i). If an anesthesiologist assistant's employer is not an anesthesiologist, the employer shall provide for, and not interfere with, an anesthesiologist's supervision of the anesthesiologist assistant.

**ATTESTATION OF THIRD-PARTY PROVIDING INFORMATION RELATED TO APPLICANT:** I declare, on behalf of the third-party asked to provide information related to the applicant identified on this form, that the information provided is true and correct to the best of my knowledge and belief. I further declare that after completing the form I, or other third-party staff, will provide the completed form directly to the Wisconsin Department of Safety and Professional Services for review. By signing below, I am signifying that I have read, understand, and have complied with the above declarations.

<b>Printed Name</b>	<b>Title</b>		
<b>Organization Name</b>	<b>E-mail Address</b>		
<b>Organization Address</b> (number/street)	(city)	(state)	(zip code)
<b>Signature</b>	<b>Date</b>	<b>Phone Number</b>	
	/   /	-   -	

(If unable to provide a digital signature, please print and sign form.)