

OFFICE-BASED SURGERY / PROCEDURES
PHYSICIAN REGISTRATION FORM

Name: _____ AL License # _____

Address: _____
Street City State Zip

Do you perform any procedures in the office-based setting in which one or more of the following levels of anesthesia are utilized?

Moderate Sedation / Analgesia (“Conscious sedation”) - drug-induced depression of consciousness during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No ____ Yes ____

Deep Sedation / Analgesia - drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. No ____ Yes ____

General Anesthesia - drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. Regional Anesthesia (“Major conduction blockade”) is considered in the same category as General Anesthesia. No ____ Yes ____

I (the physician) certify that I meet the training requirements set forth in the Alabama Board of Medical Examiners’ Office-Based Surgery Rules for moderate sedation, deep sedation, and general anesthesia. No ____ Yes ____

Is your office currently accredited by one of the following organizations? Yes ____ No ____

If yes, please check the appropriate answer.

Accreditation Association for Ambulatory Health Care (AAAHC)

American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF)

Joint Commission on Accreditation of Healthcare Organizations (JCAHO)

If your office is not currently accredited, do you plan to obtain accreditation within the next two years? No ____ Yes ____

I swear (affirm) that the information set forth on this Office-Based Surgery / Procedures Registration Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

Signature of Physician: _____ Date: _____

Alabama Medical License Number: _____