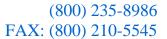




PERMANENT POSITION ANESTHESIOLOGIST APPLICATION

Date of Application	<u></u>
I. PERSONAL INFORMATION:	
Full Name	Nickname
Address	
	State Zip County
Home Phone	Pager
Cell Phone	Fax
E-mail	Emergency Contact:
Sex: M □ F □ Marital Status	
Maiden / Former Name	
U.S. Citizen: Yes 🗖 No 🗖 Smoker: Yes 🗖 No 🗖	
Date of Birth	
Social Security No	Height Weight
Place of Birth: City	State Country
If incorporated: Business Name	Tax ID No
Spouse's Name	Spouse's Occupation
Comments	
Number and Age of Children	
Children's Educational Preference: Public Priv	ate □ Home School □
Comments	
Geographical Preference: Open \square NE \square SE	□ MW □ SW □ NW □
Comments	
State Preference: 1) 2) 3)	_ 4)
Population Preference: Large City Medium Cit	y 🗆 Small City 🗅 Rural 🗅
Comments	
Do you currently rent or own your residence?	Housing Preference
What are your hobbies and recreational interests?	
How soon would you be able to relocate?	





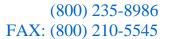
II. EDUCATION AND LICENSURE:

Medical School	Year	Completion		Degree	
Residency	Year	Completion		Degree	
Other Education	Year	Completion		Degree	
High School	Year	Completion		Degree	
Board Eligible: Yes □ No □					
Written Exam completed? Yes ☐ No ☐ Da	te:	Oral Exam com	npleted? Ye	es 🗆 No 🗖 Dat	e:
Board Certification: Yes 🗖 No 🗖 Date Compl	eted:	_ Certification	No	Exp. D	ate
Other board certifications held:					
States Licensed					
Malpractice Carrier		Policy Limits _			
Are You Certified in BLS?	ACLS? ☐ Yes ☐	No PALS?	☐ Yes	□ No NALS?	□ Yes □ No
Ortho Neuro Hearts Transplants Eyes Burns Comments: IV. SKILLS PROFICIENT WITI Epidurals Spinals Bier Other Skills or Comments:	□ Major Vascular □ Geriatrics H:	□ Thoracic □ Trauma □ A-Line	□ ENT	☐ C-Lines	□ Swan Ganz
V. DESIRED WORK SITUATION Small Hosp.	☐ University Hosp.☐ Either			□ Surgery Cen	
Are you willing to take call?	•	•			
Please describe your ideal practice situation: (i.e	e. call schedule, work	schedule, overt	ime availal	bility, and clinical	preferences)



(800) 235-8986 FAX: (800) 210-5545

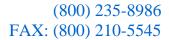
\checkmark
Salary/Benefits Preferences
Vacation Preferences
Current Practice Situation
Likes and Dislikes About Current Situation
Likes and Distinces / Ibout Guittent Situation
Reason for Leaving
VI. IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, PLEASE PROVIDE COMPLETE DETAILS ON A SEPARATE SHEET:
Do you have any illness, disease, mental or physical disability, or any other physical condition(s) which may limit or hinder your performance in the position for which you are applying?
Do you have any communicable diseases?
Have you ever received treatment or are you currently receiving treatment for substance abuse, alcohol abuse, or nerves?
Have you ever been convicted of a felony or crime other than a traffic violation? Yes No
Have your privileges at any healthcare facility ever been voluntarily or involuntarily relinquished, denied, suspended, diminished, revoked, or not renewed for any reason?
Have you ever been the subject of disciplinary proceedings at any healthcare facility? Yes No
Has your medical license in any state ever been voluntarily or involuntarily relinquished, suspended, terminated, restricted, or is currently being challenged? $\ \square$ Yes $\ \square$ No
Have you ever been the subject of disciplinary proceedings by any state licensure board?
Have you ever been suspended, terminated, sanctioned or otherwise restricted from participating in any private,
public, federal, or state health insurance program (e.g., Medicare, Medicaid, Blue Shield)?
Have judgments or settlements been made against you in professional liability cases, or are claims pending? ☐ Yes ☐ No





VII. PLEASE INCLUDE CLEAR COPIES OF THE FOLLOWING WITH COMPLETED APPLICATION:

☐ Typed Resume or Curriculum Vitae	
☐ All State Licenses, DEA Certificate	
☐ Malpractice Insurance of \$1mill/\$3mill (pro	eferred but not required – agency can provide)
☐ Copy of all Certificates from Medical School	ol, Internship, Residency and Board Certification
☐ Proof of Certification for BLS, ACLS, PALS	and/or NALS, if applicable
☐ Four (4) letters of reference or completed	MDA Reference Inquiry Forms (enclosed in application)
☐ Signed Applicant's Statement of Consent a	nd Release Form
☐ List of last three (3) places of employment	, with complete addresses, phone numbers and contact names
☐ Recent photo (Passport size preferred)	
☐ Immunization Records: PPD or Chest X-Rarrequired – most hospitals require immunization	y, Rubella, Rubeola, Measles, Mumps, Hepatitis B (preferred but not ration records for credentialing)
☐ Social Security Card	
☐ Drivers License	
☐ NPI Confirmation – Individual (Group NPI	if applicable)
☐ Medicare / Medicaid / Blue Cross Numbers	
VIII. APPLICANT'S STATEMENT	OF CONSENT AND RELEASE:
statements on this application shall be considered surepresentatives are hereby authorized to make any i bureau necessary, including but not limited to, crimi also authorized to investigate my ability, employment	ent with Nationwide Anesthesia Services, Inc. are true and complete. False afficient cause for dismissal. Nationwide Anesthesia Services, Inc. and its investigations of my personal and professional history through any agency or nal background and criminal reports. Nationwide Anesthesia Services, Inc. is it records or character through inquiries to the individuals and/or employers ationwide Anesthesia Services, Inc. has the right to request a drug
Signature:	Date:
Printed Name:	Social Security No.:





CLINICAL SKILLS CHECKLIST - Anesthesiologist

I am proficient in the techniques and procedures indicated:

GENERAL ANESTHESIA AND ANALGESIA:	PROCEDURES:		
☐ Preoperative Evaluation and Meds	☐ Intravenous Catheter Placement		
☐ Intravenous Agents			
☐ Inhalation Agents	Intravenous Administration of:		
☐ Intramuscular Agents	☐ Fluids		
☐ Other (Describe):	Blood		
	— □ Plasma		
REGIONAL ANESTHESIA:	☐ Plasma Expanders		
☐ Topical	☐ Muscle Relaxants		
☐ Infiltration	■ Vasoactive Drugs		
	🗖 Cardiac Drug	S	
☐ Epidural & Caudal	☐ Other (Descr	ibe):	
□ Intravenous			
☐ Upper Extremity Blocks	Placement of CVP Lin	es	
☐ Lower Extremity Blocks	☐ Placement of Arterial Lines		
☐ Field Blocks	☐ Placement of Right Heart & Pulmonary Lines		
☐ Other Peripheral Blocks	☐ Mechanical Ventilation		
☐ Other (Describe):	Resuscitation Techniques & Therapy		
	Cardiopulmonary Bypass Techniques		
DIAGNOSTIC & THERAPEUTIC BLOCKS:	Autotransfusion Techniques		
□ Sympathetic Blocks	☐ Hypotensive & Hypertensive Techniques		
☐ Epidural	☐ Hypothermia		
☐ Spinal – Differential	☐ Other (Describe):		
☐ Steroid, Alcohol & Drug Phenol Blocks			
☐ Other (Describe):			
SPECIALTIES OR SPECIFIC SKILLS:	CERTIFICATIONS:		
☐ Open Heart	□ BLS	☐ PALS	
☐ Peds	☐ ACLS	☐ NALS	
□ OB	☐ Other (Describe):		
☐ Pain Management			
Signature:	Date:		
Printed Name:	_		



APPLICANT'S STATEMENT OF CONSENT AND RELEASE

I hereby authorize Nationwide Anesthesia Services, Inc. and its representatives to consult any person or organization and to inspect any materials having or containing information which may have any bearing on my professional, ethical, and moral qualifications, including my personal character and professional competence. I hereby authorize Nationwide Anesthesia Services, Inc. to request such criminal background histories, drug screen tests and credit reports as Nationwide Anesthesia Services, Inc. deems appropriate. I hereby appoint Nationwide Anesthesia Services, Inc. my attorney in fact to request any such criminal, credit, drug, professional, and personal reports, at any time, without the need to seek further authorization from me. I hereby agree that this authorization and appointment shall be valid until revoked by me in a written revocation delivered to Nationwide Anesthesia Services, Inc. I hereby release from liability Nationwide Anesthesia Services, Inc. and its representatives for all acts performed in connection with evaluating my application for temporary job placement. I hereby release from liability all persons and organizations who furnish information concerning my professional competence, ethics, character, and other qualifications, and consent to the release of such information.

Signature:	_ Date:		
Printed Name:	Social Security No.:		

NOTE TO APPLICANT: You should provide a signed copy of this Statement of Consent and Release to each reference who will be completing an inquiry/evaluation form or letter of reference on your behalf. A signed copy of this Statement should also be provided to Nationwide Anesthesia Services, Inc. with your other application materials.



ANESTHESIOLOGIST INQUIRY FORM

Nationwide Anesthesia Services, Inc. is a national placement service for Locum Tenens and Permanent Anesthesiologists. It is our policy that before an applicant can be considered for temporary assignments or permanent placement, they are screened thoroughly. We have spoken with a candidate who has directed us to you for your personal and professional opinions. Please take a moment to complete this evaluation form and return to Nationwide Anesthesia Services, Inc., P.O. Box 992, Sandersville, GA 31082, or fax toll-free to (800) 210-5545. Thank you in advance for your assistance.

Candidate Name:		Phone: _	ne:			
Reference Name:		Fax:	«:			
Title:		Email:	ail:			
Hospital/Group:						
Address:						
Dates of Candidate's Employment:						
Was Candidate Terminated? YES	□ NO □ W	ould You Rehire?	YES 🗖 NO			
Were There Any Suspected Probler	ns With Drugs, Alc	cohol, Nerves, Etc.?	YES 🗖 N	10 🗖		
If Yes, Please Explain:						
Please Evaluate The Candidate Bel A = ABOVE AVERAGE B	ow According To T = AVERAGE	he Following Scale: C = BELOW AV		D = UNACCEPTABLE		
Adaptability To Work Situat	ions		Emotio	nal Stability		
Personal Appearance			Attend	ance And Punctuality		
Attitude		Seeks Consultation When Ne				
Technical Skills	Technical Skills			Overall Professional Competence		
Ability To Get Along With P	hysicians, Coworke	ers & Patients	Cooper	ration		
Knowledge And Ability To P	ractice "Safe Anes	thesia"				
Physical Assessment And M	anagement Of "Hig	gh Risk Patients"				
Comments:						
Reference Signature:			Date:			