

**NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS**  
**Application for Privileges**  
**N.J.A.C. 13:35-4A.12**

**ANESTHESIOLOGY**

**PRIVILEGE CRITERIA**

**General and Regional Anesthesia:**

**1. Attestation (Attachment 1 - in attestation format provided)**

I am demonstrating clinical experience by attesting, in Attachment 1, to the number of procedures for which I provided general anesthesia, in the last two years with acceptable results for patients of all age groups, except as specifically excluded from my practice, **plus** through additional material below.

**2. Training (Attachment 2)**

I am providing, as Attachment 2, documentary evidence of **one** of the following:

(1) Current certification in anesthesiology granted by the American Board of Anesthesiology or the American Osteopathic Board of Anesthesiology or any other certification entity that is demonstrated by the applicant to have standards of comparable rigor, **OR**

(2) Successful completion of an ACGME/AOA accredited residency training program in anesthesiology, **OR**

(3) Supervised training in residency or fellowship or other equivalent experience in \_\_\_\_\_ (**another field**) **AND** active participation in examination process leading to certification in anesthesiology.

**3. Record Review/Clinical Observation (Attachment 3 - in format provided):**

**References - Names, addresses and specialty, residency or observation only -**

I am providing the names, addresses and specialty of three plenary licensed physicians who will directly submit references addressing my current competence based on their personal knowledge obtained either during a residency training completed during the two years preceding the date of this application or through personal observation during the two years preceding the date of this application.

**4. Log of procedures (Attachment 4A - in format provided)**

I am providing, as Attachment 4A, a **log** listing all patients for whom I provided anesthesia services in an office setting or licensed ambulatory care facility setting, for

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

which I am requesting privileges, during the two years preceding the date of the application. The log shall include a patient number, the type of anesthesia service provided, the surgery or special procedure performed and the date(s) of service. Patient names and other personal identifiers are redacted.

I am maintaining **in my office** a list or other means to identify the patient, based on the number included in the log.

Within my log, I have

(1) identified any patients contained in the log who have experienced complications relating to my provision of anesthesia services in an office setting or licensed ambulatory care facility setting; **AND**

(2) provided the outcomes resulting from the complication(s).

As part of the application for privileges process, from my log, at least 5 cases that are representative of the type of procedures for which I requested privileges, will be selected and I will be asked to provide for each patient records (or pertinent portions), **with patient personal identifiers redacted**, along with a completed case summary form, **with patient personal identifiers redacted**, for each submitted case.

## **DELINEATION OF PRIVILEGES**

I have checked the column on the left of those procedures listed below for which I do not hold hospital privileges and for which I am requesting alternative privileges to perform these procedure(s) in the office setting.

I am **not** seeking limited anesthesia privileges to administer or supervise the administration of **only** conscious sedation.

There is a **separate application form**, with less extensive education and training requirements, for the alternative privilege to administer or supervise the administration of Conscious Sedation only.

### **Requested Privileges**

Conscious Sedation

\_\_\_\_\_ Regional Anesthesia  
\_\_\_\_\_ Field Blocks  
\_\_\_\_\_ Intravenous regional blocks (Bier-Block)  
\_\_\_\_\_ Retrobulbar blocks  
\_\_\_\_\_ Peripheral nerve blocks  
\_\_\_\_\_ Brachial plexus blocks  
\_\_\_\_\_ Spinal  
\_\_\_\_\_ Epidural

\_\_\_\_\_ General Anesthesia

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_

\_\_\_\_\_ Airway Management  
           \_\_\_\_\_ BVM (Bag Valve Mask Ventilation)  
           \_\_\_\_\_ ET Tube placement  
           \_\_\_\_\_ Laryngeal Mask Airway  
           \_\_\_\_\_ Nasotracheal tube placement  
 \_\_\_\_\_ Other

Any additional procedure(s) for which I am requesting privileges are specified below. I have provided supporting documentation concerning training and clinical experience with the requested anesthesia services on a separate Anesthesia Addendum page.

**I certify that my attestation of the number of procedures and any materials provided incident to this form (i.e. "supporting documentation") are true and accurate. I am aware that if any of the foregoing statements made by me or if the materials submitted by me are willfully false, I am subject to punishment.**

\_\_\_\_\_  
Signature and printed name of Applicant

\_\_\_\_\_  
Date

Below this line for Administration Use Only

**Application Tracking Record**

Initial Receipt Date of Application \_\_\_\_\_  
 Transmittal Date to Outsourcing Entity \_\_\_\_\_  
 Supplemental Information Requested \_\_\_\_\_  
 Supplemental Information Received \_\_\_\_\_  
 Outsourcing Entity Recommendation \_\_\_\_\_  
 Outsourcing Entity Reviewer \_\_\_\_\_  
 Board Committee Review Date \_\_\_\_\_  
 Board Disposition Date \_\_\_\_\_

Licensee Name: \_\_\_\_\_ License Number: \_\_\_\_\_