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

LOCUM TENENS ANESTHESIOLOGIST APPLICATION

Date of Application ________________________________

I. PERSONAL INFORMATION:

Full Name ________________________________ Nickname ________________

Address ____

City ________________________ State ______ Zip __________ County __________

Home Phone ____________________ Pager ________________________

Cell Phone ____________________

E-mail ____________________

Sex: M F Marital Status ____________

Date of Birth ____________________

Social Security No. ____________________

Maiden / Former Name ____________________

U.S. Citizen: Yes No

Place of Birth: City ____________________

State ______________ Country __________

Emergency Contacts:

1) Name ____________________

Phone ____________________

Relation to you ____________________

2) Name ____________________

Phone ____________________

Relation to you ____________________

If Incorporated: Business Name ________________________ Tax ID No. ______________

Height __________ Weight __________ Smoker: Yes No Group NPI No. ______________

Referral Source ____

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 ❑ Date: __________ Oral Exam completed? Yes ❑ No ❑ Date: __________

Board Certification: Yes ❑ No ❑ Date Completed: __________ Certification No. __________ Exp. Date __________

Other board certifications held: ____

States Licensed ____

State of Original Licensure ____________________ Licenses Pending ____________________

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Malpractice Carrier ______________________________ Policy Limits ______________________________

Are You Certified in BLS? Yes No ACLS? Yes No PALS? Yes No NALS? Yes No

III. TYPES OF CASES COMFORTABLE WITH:

Ortho	Neuro	Hearts	Major Vascular	Thoracic	Uro	OB	GYN
Transplants	Eyes	Burns	Geriatrics	Trauma	ENT	Abortions	Peds

Comments: ______________________________

IV. SKILLS PROFICIENT WITH:

Epidurals Spinals Bier Axillary A-Lines C-Lines Swan Ganz

Other Skills or Comments: ______________________________

V. DESIRED WORK SITUATION:

Small Hosp.	Medium Hosp.	University Hosp.	Trauma	Surgery Center	Office
Supervised	Solo	Either			

Are you interested in doing locums full-time or part-time? ______________________________

When is your next availability? ______________________________

Preferred length of assignment? ______________________________

Are you willing to take call? ____________ Are you willing to work overtime? ____________

Maximum distance you are willing to drive to an assignment? ______________________________

Do you travel with pets? __________ If so, what kind and size? ______________________________

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? Yes No

Do you have any communicable diseases? Yes No

Have you ever received treatment or are you currently receiving treatment for substance abuse, alcohol abuse, or nerves? Yes No

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? Yes No

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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? Yes No

Have you ever been the subject of disciplinary proceedings by any state licensure board? Yes No

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)? Yes No

Have judgments or settlements been made against you in professional liability cases, or are claims pending? Yes No

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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 *(preferred but not required – agency can provide)*

Copy of all Certificates from Medical School, 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 and 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-Ray, Rubella, Rubeola, Measles, Mumps, Hepatitis B *(preferred but not required – most hospitals require immunization 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:

The facts set forth in this application for job placement with Nationwide Anesthesia Services, Inc. are true and complete. False statements on this application shall be considered sufficient cause for dismissal. Nationwide Anesthesia Services, Inc. and its representatives are hereby authorized to make any investigations of my personal and professional history through any agency or bureau necessary, including but not limited to, criminal background and criminal reports. Nationwide Anesthesia Services, Inc. is also authorized to investigate my ability, employment records or character through inquiries to the individuals and/or employers mentioned in this application. **I understand that Nationwide Anesthesia Services, Inc. has the right to request a drug screen prior to and during any assignment.**

Signature: ____________________ Date: ____________________

Printed Name: ____________________ Social Security No.: ____________________

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CLINICAL SKILLS CHECKLIST – ANESTHESIOLOGIST

I am proficient in the techniques and procedures indicated:

GENERAL ANESTHESIA AND ANALGESIA:

- Preoperative Evaluation and Meds
- Intravenous Agents
- Inhalation Agents
- Intramuscular Agents
- Other (Describe):______________________________

REGIONAL ANESTHESIA:

- Topical
- Infiltration
- Spinal
- Epidural & Caudal
- Intravenous
- Upper Extremity Blocks
- Lower Extremity Blocks
- Field Blocks
- Other Peripheral Blocks
- Other (Describe):______________________________

DIAGNOSTIC & THERAPEUTIC BLOCKS:

- Sympathetic Blocks
- Epidural
- Spinal – Differential
- Steroid, Alcohol & Drug Phenol Blocks
- Other (Describe):______________________________

SPECIALTIES OR SPECIFIC SKILLS:

- Open Heart
- Peds
- OB
- Pain Management

PROCEDURES:

Intravenous Catheter Placement

Intravenous Administration of:

- Fluids
- Blood
- Plasma
- Plasma Expanders
- Muscle Relaxants
- Vasoactive Drugs
- Cardiac Drugs
- Other (Describe):__________________________

- Placement of CVP Lines
- Placement of Arterial Lines
- Placement of Right Heart & Pulmonary Lines
- Mechanical Ventilation
- Resuscitation Techniques & Therapy
- Cardiopulmonary Bypass Techniques
- Autotransfusion Techniques
- Hypotensive & Hypertensive Techniques
- Hypothermia
- Other (Describe):__________________________________

CERTIFICATIONS:

BLS	PALS
ACLS	NALS

Other (Describe):__________________________________

Signature:____ Date: ____

Printed Name: ____

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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.*

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