*(Please print or type)*

# **Anesthesiologist Assistant** Application

**Required fields—applications will not be accepted if left blank*

Name:_____ Date:_____
*Full Legal Name*

*Date of Birth:_____ *Gender: ☐ Male ☐ Female
*MM/DD/YY*

*Business Name:_____ Department: _____

*Address:_____ Is this your primary address: ☐ Yes ☐ No

*City:_____ *State:_____ *ZIP: _____ *Country: _____

Home Address:_____

City:_____ State:_____ ZIP: _____ Country: _____

*Email:_____ ☐ Personal ☐ Work

*Personal Tel:_____ ☐ Home ☐ Cell Work Tel:_____

*NPI Number:_____ *American Academy of Anesthesiologist Assistants Member Number: _____

*Training Program Institution:_____

*Training Institution City:_____ *State:_____

*Training Start Date:_____ *Training End Date:_____
*MM/YY* *MM/YY*

*Certification:_____
*Type and Dates MM/YY - MM/YY*

*Licensed to practice in:_____
*List All States*

☐ I agree with the "Guidelines for the Ethical Practice of Anesthesiology" and subscribe to the "Anesthesia Care Team" statement, available at asahq.org/agreement.

**Applicant's Signature:** _____ **Date:** _____

## Payment Method

**Note: Dues of $210 must accompany application.**

☐ American Express ☐ MasterCard ☐ VISA ☐ Check (*Payable to American Society of Anesthesiologists*)
*If paying by credit card, your card will be charged upon approval of your application.*

Total Amount:_____Name on Card:_____

Credit Card Number:_____ Expiration Date:_____Card ID:_____

Signature:_____

**Mail payment and completed form to:**
American Society of Anesthesiologists
Attn: Accounting
1061 American Lane
Schaumburg, IL 60173-4973

**Or fax to:** Attn: Membership (847) 825-1692