

**Professional Licensing Agency**  
402 West Washington Street  
Room W072  
Indianapolis, Indiana 46204



**Mike Braun**  
*Governor of Indiana*  
**Lindsay M. Hyer**  
*Executive Director*

### **Anesthesiology Assistant Protocol Agreement Checklist**

Practice Protocol must be on letterhead and completely typed.

First page must include name and license number of both the Anesthesiology Assistant and primary Supervising Anesthesiologist. Additional supervising anesthesiologists' names and license numbers should be listed in an addendum.

The Indiana practice address and phone number must be listed on the first page of the practice protocol.

Any additional practice addresses must be listed in the practice protocol.

List tasks and procedures in the Anesthesiology Assistant will perform as delegated by the Supervising Anesthesiologist, or physician practice group.

List the specific manner of supervision, chart review, and evaluation of the Anesthesiology Assistant.

Include a detailed description of the process used for evaluation or enclose a copy of the evaluation form.

Typed name of Anesthesiology Assistant and primary Supervising Anesthesiologist and date included with signatures.

Anesthesiology Assistant and primary Supervising Anesthesiologist must sign and date practice protocol.

This agreement must be updated annually.