



**FORM E (SUPPLEMENT TO APPLICATION): SUPPLEMENTAL QUESTIONNAIRE FOR ANESTHESIOLOGY**

1. Since the Retroactive Date requested, have you complied with the monitoring standards established by the American Society of Anesthesiologists?  **Yes**  **No**

If NO, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Since the Retroactive Date requested, have you practiced medicine other than anesthesia?  **Yes**  **No**

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Percent of time \_\_\_\_\_%

3. Since the Retroactive Date requested, have you administered anesthesia in a non-hospital setting?  **Yes**  **No**

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Since the Retroactive Date requested, have you employ(ed) or supervise(d) any nurse anesthetists (CRNAs)?  **Yes**  **No**

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Since the Retroactive Date requested, have you employ(ed) or supervise(d) any inhalation therapists?  **Yes**  **No**

If YES, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_