



A requirement for members in the AAOMS is that fellows and members must undergo an office anesthesia evaluation and re-evaluation every five years. A waiver of this requirement is available in limited circumstances. If you wish to have the evaluation waived, please complete the following:

I am an oral and maxillofacial surgeon who:

- is solely in an administrative position.
- solely holds a research position.
- is full-time faculty in a teaching hospital or clinic and is privileged to administer sedation/anesthesia by the medical staff through the department of anesthesia.
- is full-time in a federal service facility and is privileged to administer sedation/anesthesia by the medical staff through the department of anesthesia.

OR

I am an oral and maxillofacial surgeon who does not offer:

- Moderate sedation services in my office(s)
- Deep sedation/general anesthesia services in my office(s)

I understand that I am required to undergo an office anesthesia evaluation if I offer sedation/anesthesia services in positions or locations (offices) other than the above.

Signature _____ Date _____

Typed or Printed name _____

Address _____

Witness signature _____ Date _____