

Office Anesthesia Evaluation Waiver

Declaration

A requirement for members in 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 and must be verified every five years. 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 and deep sedation and 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