



Jeremiah W. (Jay) Nixon
Governor
State of Missouri

Kathleen (Katie) Steele Danner, Division Director
DIVISION OF PROFESSIONAL REGISTRATION

Department of Insurance
Financial Institutions
and Professional Registration
John M. Huff, Director

STATE BOARD OF REGISTRATION FOR THE HEALING ARTS

3605 Missouri Boulevard
P.O. Box 4
Jefferson City, MO 65102-0004
573-751-0098
866-289-5753 TOLL FREE
573-751-3166 FAX
800-735-2966 TTY
website: <http://pr.mo.gov/healingarts.asp>

Connie Clarkston
Executive Director

Dear Anesthesiologist Assistant:

Enclosed are the materials you will need to make application for licensure to practice as an Anesthesiologist Assistant in the State of Missouri. Included in the packet are:

1. The application with specific instructions for completing it;
2. Documents and Fee Sheet;
3. Activity statement form;
4. Verification of Licensure form (if more than one is needed you may make additional copies).

You are required to read the statutes, rules and regulations that govern your practice as an Anesthesiologist Assistant before beginning the licensure process. Besides containing applicant information, the statutes, rules and regulations govern your professional conduct as an Anesthesiologist Assistant in the State of Missouri. The statutes, rules and regulations may be found on the Board's website at the address stated above.

The Board will not consider an application until the entire file is complete. Therefore, you should not make any firm commitment to actually begin working until you have received notification of licensure in writing from this office. Proof that an Anesthesiologist Assistant has practiced in Missouri before becoming licensed is grounds for denial of licensure.

Please be advised no application will be processed without the fee. You will be notified in writing, one (1) time if your application is deficient. In addition to the material you are required to submit, the Board makes independent inquiries into your professional background. Therefore, you should allow a minimum of **thirty (30) days** for the processing of your application once you have filed the completed application and the required documents in this office.

Please be reminded that it is unlawful to misrepresent any material fact, in any way, in connection with application for Missouri licensure. Proof that an Anesthesiologist Assistant has misrepresented any material fact is grounds for denial of licensure.

If you have any questions during the process that are not answered in the enclosed material, you may contact the Board of Healing Arts for assistance at (573) 751-0098 or toll free at (866) 289-5753 or via email at licensure@pr.mo.gov

Sincerely,

Licensure Section

INSTRUCTIONS FOR COMPLETING ANESTHESIOLOGIST ASSISTANT LICENSURE APPLICATION

The Board wishes to stress that you should provide complete details and dates, complete names, addresses and zip codes as required on the application form. Answer all questions. If you fail to do so, the processing of your application may be delayed. Allow 30 days for processing your application. Please type or print your application in ink. The following information is provided to assist you in answering the questions.

Question #1 - Please print your complete name. If you have had a name change, include this name as well. Print your email address.

Question #2 - Indicate your current mailing address.

Question #3 - Indicate your proposed Missouri business practice name, and address. If unknown, please indicate the reason why a Missouri license is needed.

Question #4 - Indicate month, day and year of birth. Indicate city and state of birth. Indicate your Social Security number.

Question #5 - Indicate your home and business telephone numbers, including area code.

Question #6 - List in chronological order the name and location of each institution attended, beginning with high school. Please indicate dates of attendance, graduation date and type of diploma or certificate awarded.

Question #7 - Indicate the name, city and state of your anesthesiologist assistant program.

Question #8 - Indicate whether or not you have taken the National Commission on Certification of Anesthesiologist Assistants (NCCAA) examination. List the number of times taken, location and date of the examination(s) taken.

Question #9 - Indicate whether or not you are certified by the NCCAA, your certification number and the certification issue date.

Question #10 - Indicate whether or not you have worked in any profession in any state. Indicate state, license number, dates held and profession.

Question #11 - If your answer is "yes", provide complete details, dates, etc. on a separate notarized statement. This should include the States, Provinces, Country, dates and reasons.

Question #12 - If your answer is "yes", provide complete details on a separate notarized statement.

Questions #13-15 - If your answer is "yes", provide complete details on a separate notarized statement. This should include States/Provinces, dates and reasons.

Questions #16-18 - If your answer is "yes", provide complete details on a separate notarized statement. This should include the reason, dates, places, current disposition of the case(s), and all pertinent information.

Note: This does not include any minor traffic or parking violation fines which are under \$100. We suggest that if you have ever had an arrest, you answer the questions "yes" on your application and furnish full details of the incident leading up to and including the arrest and disposition of the case.

Questions #19-20 - If your answer is "yes", provide complete details on a separate notarized statement.

Questions #21-24 - If your answer is "yes", provide complete details and dates, including the names and addresses of individuals who treated you and any hospitals/institutions where you have been treated on a separate notarized statement. The Board also requires a letter from your treating professional indicating your diagnosis, prognosis and if your illness or condition affects your ability to practice.

Question #25 - If your answer is "yes", provide complete details on a separate notarized statement. This should include why you are required to register, conviction, date and state. The Board also requires a certified copy of the conviction and any court orders (i.e. probation, parole, etc.) requiring registration.

Question #26 - Applicant's Oath - You must sign this oath before a Notary Public. The Notary Public must complete his/her portion and sign, date and seal your signature. Also, place a recent photograph of yourself in the space provided.

Question #27 - Application Information Release Authorization. In the space provided please list the name of any individual, if any, we may discuss your file.

DOCUMENTS AND FEES YOU MUST FURNISH WITH YOUR APPLICATION FOR ANESTHESIOLOGIST ASSISTANT TEMPORARY LICENSE

1. **FEES** – Please submit your fee to this office in the form of a **Money Order or Cashier's Check** payable on or through a United States bank.
 - All fees should be paid to the order of the Missouri Board of Registration for the Healing Arts.
 - **All fees are non-refundable.**
 - Temporary Licensure Fee: \$25.00
2. **ACTIVITIES STATEMENT** – Each applicant is required to provide, on the form provided, a chronological listing of his/her activities since graduation of high school to the present date or for the last 10 years, whichever is the most recent. All dates must be accounted for including all beginning and ending dates, months and years. In **chronological order**, list the position held, complete names, address and zip codes of employers and beginning and ending dates of employment.
3. **VERIFICATION OF LICENSURE** – If you currently hold or have previously held a permanent, temporary or institutional license, certification or registration, in any State/Province (including Canada), the enclosed Verification of Licensure form must be mailed to each agency in which you are now or have ever been licensed, certified or registered to practice in any profession. You may make additional copies. It is your responsibility to provide this form directly to the State Board(s).
4. **PHOTOGRAPH**– Attach a recent photograph in the space provided on the application. Copies of photographs and magazine clippings are not acceptable.
5. **NAME CHANGE** – If your name has changed, you will be required to submit one of the following documents for verification:
 - Marriage - Furnish a copy no larger than 8½" x 11" of your marriage certificate.
 - Divorce - Furnish a copy no larger than 8½" x 11" of your divorce decree.
 - Court Order - Furnish a certified court copy of the name change document.
 - Naturalization - If you have had a name change by naturalization, you will be required to hand deliver your original Naturalization Certificate to the Board office for inspection, since it is unlawful to copy that particular document.
6. **NCCAA VERIFICATION OF ELIGIBILITY TO SIT FOR EXAM** – Request the NCCAA to submit a letter directly to the Missouri Board stating that you have taken the examination. **The above information must be received directly from the NCCAA.**

NCCAA Business Office
1500 Sunday Drive, Suite 102
Raleigh, NC 27607
Phone: (919) 573-5439 or (877) 558-0411
Fax: (919) 573-5440
E-Mail: secretary@aa-nccaa.org
7. **DEGREE** – Provide a copy, no larger than 8½" x 11", of the certificate received after the completion of an accredited Anesthesiologist Assistant program or a letter from your program director stating that you will graduate and the anticipated graduation date.
8. **SOCIAL SECURITY CARD** – Provide a copy of your Social Security card.

The temporary license shall be valid until the examination results are received by the Board, not to exceed three (3) weeks following the mailing of the results by the NCCAA. After that time the temporary license will become null and void. To be issued a permanent license, **you are responsible** for submitting your exam results within the three (3) week timeframe along with the Permanent Licensure fee.

Please be advised that **incomplete** applications on file in this office for **one (1) year will be discarded.**

DOCUMENTS AND FEES YOU MUST FURNISH WITH YOUR APPLICATION FOR ANESTHESIOLOGIST ASSISTANT PERMANENT LICENSE

1. **FEES** – Please submit your fee to this office in the form of a **Money Order or Cashier's Check** payable on or through a United States bank.
 - All fees should be paid to the order of the Missouri Board of Registration for the Healing Arts.
 - **All fees are non-refundable.**
 - Permanent Licensure Fee: \$25.00
2. **ACTIVITIES STATEMENT** – Each applicant is required to provide, on the form provided, a chronological listing of his/her activities since graduation of high school to the present date or for the last 10 years, whichever is the most recent. All dates must be accounted for including all beginning and ending dates, months and years. In **chronological order**, list the position held, complete names, address and zip codes of employers and beginning and ending dates of employment.
3. **VERIFICATION OF LICENSURE** – If you currently hold or have previously held a permanent, temporary or institutional license, certification or registration, in any State/Province (including Canada), the enclosed Verification of Licensure form must be mailed to each agency in which you are now or have ever been licensed, certified or registered to practice in any profession. You may make additional copies. It is your responsibility to provide this form directly to the State Board(s).
4. **PHOTOGRAPH** – Attach a recent photograph in the space provided on the application. Copies of photographs and magazine clippings are not acceptable.
5. **NAME CHANGE** – If your name has changed, you will be required to submit one of the following documents for verification:
 - Marriage - Furnish a copy no larger than 8½" x 11" of your marriage certificate.
 - Divorce - Furnish a copy no larger than 8½" x 11" of your divorce decree.
 - Court Order - Furnish a certified court copy of the name change document.
 - Naturalization - If you have had a name change by naturalization, you will be required to hand deliver your original Naturalization Certificate to the Board office for inspection, since it is unlawful to copy that particular document.
6. **DEGREE** – Provide a copy, no larger than 8½" x 11", of the certificate received after the completion of an accredited Anesthesiologist Assistant program.
7. **SOCIAL SECURITY CARD** – Provide a copy of your Social Security card.

VERIFICATION OF CERTIFICATION – Request the NCCAA to submit a letter directly to the Missouri Board of Healing Arts stating:
1) Date of Certification and 2) Status of Certification.

NCCAA Business Office
1500 Sunday Drive, Suite 102
Raleigh, NC 27607
Phone: (919) 573-5439 or (877) 558-0411
Fax: (919) 573-5440
E-Mail: secretary@aa-nccaa.org

PLEASE BE ADVISED THAT YOU SHOULD NOT MAKE ANY FIRM COMMITMENT TO BEGIN WORKING UNTIL YOU HAVE RECEIVED NOTIFICATION OF LICENSURE IN WRITING FROM THIS OFFICE.



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
APPLICATION FOR ANESTHESIOLOGIST ASSISTANT
LICENSURE

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD.
 P.O. BOX 4
 JEFFERSON CITY, MO 65102
 (573) 751-4117

Pursuant to Section 324.010 RSMo:

CHECK THIS BOX ONLY IF IN ALL OF THE LAST THREE (3) YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.

False statements are subject to criminal penalties and/or license discipline.

If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200 or e-mail income@dor.mo.gov.

1. APPLICANT NAME (LAST, FIRST, MIDDLE, SUFFIX, MAIDEN)	EMAIL ADDRESS
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2. CURRENT MAILING ADDRESS (STREET, CITY, STATE, ZIP)

3. PROPOSED MISSOURI PRACTICE ADDRESS (INSTITUTION/GROUP, STREET, CITY, STATE, ZIP) IF UNKNOWN, PLEASE EXPLAIN.

4. DATE OF BIRTH	PLACE OF BIRTH	SOCIAL SECURITY NUMBER
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5. HOME TELEPHONE NUMBER	BUSINESS TELEPHONE NUMBER
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6. EDUCATION

STATE IN CHRONOLOGICAL ORDER, BEGINNING WITH HIGH SCHOOL, THE NAME AND LOCATION OF EACH INSTITUTION ATTENDED, AMOUNT OF TIME ATTENDED AND YEAR OF GRADUATION IF APPLICABLE.

INSTITUTION	DATES ATTENDED	DIPLOMA/YEAR

7. GRADUATE OF	ANESTHESIOLOGIST ASSISTANT PROGRAM
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ANESTHESIOLOGIST ASSISTANT PROGRAM LOCATION (CITY, STATE)

8. HAVE YOU TAKEN THE NATIONAL COMMISSION ON CERTIFICATION OF ANESTHESIOLOGIST ASSISTANTS EXAMINATION?
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE INDICATE:

NUMBER OF TIMES TAKEN	LOCATIONS	DATE
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9. ARE YOU CERTIFIED BY THE NATIONAL COMMISSION ON CERTIFICATION OF ANESTHESIOLOGIST ASSISTANTS?
<input type="checkbox"/> YES <input type="checkbox"/> NO

CERTIFICATION NUMBER	ISSUE DATE
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10. ARE YOU LICENSED IN ANY PROFESSION IN ANY STATE? IF SO, PLEASE INDICATE BELOW.

YES NO

STATE	LICENSE NUMBER	DATES HELD	PROFESSION

Please answer the following questions with the appropriate checkmark. If any are answered yes, see separate instructions.

	YES	NO
11. Have you ever been denied a license, certificate or registration to practice as an Anesthesiologist Assistant or been denied the privilege of taking an examination administered by a U.S. state and/or Canadian provincial licensing agency?	<input type="checkbox"/>	<input type="checkbox"/>
12. Have you ever been reprimanded, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended, been put on probation, or ever been requested to withdraw from any licensed hospital, nursing home, clinic, or other hospital care facility within an organized medical staff, in which you have trained, been a staff member, been a partner, or held hospital privileges?	<input type="checkbox"/>	<input type="checkbox"/>
13. Has any U.S. state and/or Canadian provincial licensing or disciplinary agency limited, probated, restricted, stipulated, suspended, or revoked a license, registration or certificate you have held?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you ever voluntarily surrendered a license, registration or certificate issued to you by a U.S. state and/or Canadian provincial licensing agency for reasons other than failure to renew?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have you ever been notified of any charges, or complaints filed against you with any U.S. state and/or Canadian provincial licensing or disciplinary agency?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been arrested, fined, charged with or convicted of a crime, indicted, imprisoned or placed on probation, pled guilty or had sentence imposed?	<input type="checkbox"/>	<input type="checkbox"/>
17. Have you ever forfeited collateral for breach or violation of any law, police regulation or ordinance whatsoever, been summoned into court as a defendant, or has any lawsuit (other than malpractice) been filed against you?	<input type="checkbox"/>	<input type="checkbox"/>
18. Have you ever been a defendant in a legal action involving professional liability (malpractice) or had a professional liability claim paid in your behalf or paid such a claim yourself?	<input type="checkbox"/>	<input type="checkbox"/>
19. Have you ever been denied participation in any State Medicaid or Federal Medicare Program?	<input type="checkbox"/>	<input type="checkbox"/>
20. Have you ever been terminated, sanctioned, penalized, or had to repay monies as a result of termination or sanction to any State Medicaid or Federal Medicare Program?	<input type="checkbox"/>	<input type="checkbox"/>
21. Are you currently addicted to or dependent upon narcotics, intoxicating liquors, or other substances?	<input type="checkbox"/>	<input type="checkbox"/>
22. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, voyeurism, or other sexual behavior disorder?	<input type="checkbox"/>	<input type="checkbox"/>
23. Have you in the last ten years or since the age of 18 been treated for or hospitalized for bipolar disorder, schizophrenia, paranoia or any other psychotic disorder?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are you currently experiencing any medical condition or disorder that limits or impairs your judgment or that otherwise affects your ability to practice as an anesthesiology assistant in a safe and competent manner?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are you now or have you ever been required by federal law or the law of any state to register as a sex offender?	<input type="checkbox"/>	<input type="checkbox"/>

ALL APPLICANTS MUST PLACE AN ORIGINAL RECENT PHOTOGRAPH IN THE SPACE PROVIDED.



25. APPLICANT'S OATH

State/Province of _____ County/Parish of _____

I, _____, hereby certify under oath that I am the person named in this application for a license to practice as an Anesthesiologist Assistant in the State of Missouri; that all statements I have made are true; that I am the original and lawful possessor of and person named in the various documents and credentials furnished to the Board in connection with this application, and the photograph on this page is an identifiable photograph of myself.

I acknowledge and state that I have read Chapter 334, RSMo, which contains the Statutes, Rules and Regulations governing the practice as an anesthesiologist assistant, that can be located on the Board's website; I have answered all questions truthfully and in compliance with the instructions provided; and I understand that the application fee submitted with this application is non-refundable and cannot be transferred to another application.

I further state that by filing this application for a license to practice as an Anesthesiologist Assistant in the State of Missouri, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness as an Anesthesiologist Assistant, when in the opinion of the Missouri Board such an investigation is deemed necessary. I agree to give any further information, which may be required in reference to my past record. I understand that I will not receive a copy of the report unless determined otherwise by court order.

I authorize and request every person, hospital, clinic, community, governmental agency (local, state, federal or international), court, association, institution or other organization having control of any documents, records, and other information pertaining to me to furnish to the Missouri State Board of Healing Arts any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the Missouri State Board of Healing Arts or any of its agents or representatives to inspect and make copies of such documents, records, and other information, in connection with this application, subsequent licensure or practice hereunder.

MUST BE SIGNED IN PRESENCE OF NOTARY

APPLICANT'S SIGNATURE



On this _____ day of _____, year _____ this applicant appeared before me and swore to the truthfulness of this application.

NOTARY PUBLIC EMBOSSER SEAL	STATE	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

26. APPLICATION INFORMATION RELEASE AUTHORIZATION

I hereby authorize the State Board of Registration for the Healing Arts, its Directors or designee to release and/or discuss information contained in my application for licensure in the State of Missouri to the following individual or organization. List the name of the individual with whom we may discuss your file with other than yourself. If name is not listed we will not speak to them about your file.

NAME OF PERSON TO BE CONTACTED



STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
 STATE BOARD OF REGISTRATION FOR THE HEALING ARTS
**ANESTHESIOLOGIST ASSISTANT VERIFICATION OF LICENSURE,
 CERTIFICATION OR REGISTRATION**

BOARD OF REGISTRATION FOR THE HEALING ARTS
 3605 MISSOURI BLVD.
 P.O. BOX 4
 JEFFERSON CITY, MO 65102
 (573) 751-4117

I _____, hereby authorize and request the state board of _____ having control of any documents, records and other information pertaining to me to furnish to the Missouri State Board of Healing Arts, information including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent information.

SIGNATURE OF APPLICANT	LICENSE NUMBER	ISSUE DATE
NAME IN FULL (PLEASE PRINT)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

OTHER NAMES USED IN OBTAINING LICENSURE

CURRENT ADDRESS (STREET, CITY, STATE, AND ZIP CODE)

THE FOLLOWING SECTION MUST BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE MISSOURI BOARD OF HEALING ARTS.

STATE OF	FULL NAME OF LICENSEE	
LICENSURE STATUS	LICENSE NUMBER	ISSUE DATE

LICENSURE METHOD
 NATIONAL EXAM STATE BOARD EXAM RECIPROCITY WITH _____
 OTHER (SPECIFY): _____

- HAS THE APPLICANT EVER BEEN NOTIFIED OR REQUESTED TO APPEAR BEFORE ANY LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? IF YES, ATTACH DETAILS.
 YES NO
- HAS THE APPLICANT EVER BEEN THE SUBJECT OF COMPLAINTS OR CHARGES RECEIVED BY A DISCIPLINARY AUTHORITY IN YOUR STATE? IF YES, ATTACH DETAILS.
 YES NO
- HAS THE APPLICANT EVER BEEN WARNED, CENSURED OR DISCIPLINED IN ANY MANNER BY A LICENSING OR DISCIPLINARY AUTHORITY IN YOUR STATE? IF YES, ATTACH DETAILS.
 YES NO
- HAS ANY APPLICATION FOR INITIAL LICENSURE OR REINSTATEMENT EVER BEEN DENIED? IF YES, ATTACH DETAILS.
 YES NO

COMMENTS, IF ANY

BOARD SEAL	SIGNATURE AND TITLE	DATE
	STATE BOARD	