



ACADEMY OF SURGICAL RESEARCH

Application for Surgical Research Anesthetist (SRA) Certification

Name	
Home Address 1	Home Phone
Home Address 2	Home Fax
City, State, Postal Code	Home Email

Employer Name	
Title/Position	
Work Address 1	Work Phone
Work Address 2	Work Fax
Work City, State, Postal Code	Work Email

Education	
High School	College
Other Certifications/Accreditations (LVT, LATg, etc.):	

Anesthesia/Surgical Training Courses Provide documentation for any anesthesia training you have received to prepare for the surgical procedures you have performed. Please provide any of the following information that applies to you. <ul style="list-style-type: none">• Detailed Description of Programs• Description of "on the job "Training (length and nature of training)• Listing of Self Study Material• Syllabus of Seminars and Workshops
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Certification of Anesthesia Competence To be completed by a person with a doctoral degree in medicine, dentistry, or veterinary medicine or Surgical Research Specialist who has assessed the ability of the candidate in the operating room. <input type="checkbox"/> M.D. <input type="checkbox"/> D.D.S. <input type="checkbox"/> D.V.M. <input type="checkbox"/> S.R.S. <input type="checkbox"/> other _____ I certify that I have observed _____ perform survival surgery anesthesia in a reliable and reproducible manner.
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Signature	Date
Title	Degree
Address 1	Email
Address 2	Phone
City, State, Postal Code	

Other Documentation to be Submitted:

One (1) Anesthesia Case Log: This log will record activity for at least a 12 month period within three years of the application deadline and must include a minimum of 30 anesthetic cases, with no more than 15 in any one species. Acceptable cases must be of longer than 30 minutes of surgical duration, have had the applicant present from induction through recovery, have the applicant acting as the primary anesthetist (responsible for induction, intra-operative anesthesia, and anesthesia recovery) and not also acting as the surgeon, and must have a minimum level of monitoring to include heart rate, respiratory rate, and body temperature along with at least one of the following; blood pressure, SaO2, ECG, expiratory CO2, or inspiratory CO2. Survival aseptic cases are defined as those where the animal survives for a minimum of 72 hours post recovery and the procedure is performed with standard aseptic techniques. Reported anesthesia cases must cover a period of at least 1 year such that the most recent case is at least 364 days apart from the oldest case. The case log should be in the form of a chart documenting the information required and must be certified for accuracy with a signature and date by the supervising surgeon, the laboratory animal veterinarian, or a SRS certified technician.

Log includes at a minimum:

- Date of each case
- Animal description (species, strain, sex, age)
- Procedure performed
- Pre-anesthetics and anesthetics used
- Parameters monitored
- Complications
- Outcome including applicable euthanasia date and method

Narrative descriptions of two (2) anesthetic cases that the applicant has performed and that are represented in the anesthesia case log

This must appear in a narrative form and should be comprehensive and detailed. The list below is the minimum that must be submitted. The narrative should be in typed format and reviewed for spelling and accuracy.

Narratives include at a minimum:

- The type and goals of the procedure
- Species, sex, and age of the patient
- The anesthetic and analgesic regimens (drug name, purpose, dosage, administration site/route)
- Rationale for the anesthetic/analgesic regimen selection
- Animal preparation (fasting, areas clipped, fluids administered, surgical site prep, etc.)
- Monitoring parameters and equipment used (monitor manufacturer and type, sensor types and placement, etc.)
- A description of the patient's physiologic condition during the procedure in linear format including drug administration adjustments, the rationale for these adjustments, and the results of these adjustments.
- Approximate time from cessation of anesthesia to maintained sternal recumbency.
- Post-operative monitoring procedures (schedule, personnel responsible, etc.)
- Methods of pain assessment (signs of pain and distress observed for, schedule, duration of monitoring, etc.)
- Follow up treatment
- A summary providing an overview of the case, any unexpected events, and an evaluation of the adequacy of the anesthetic and analgesic regimens

Upload completed form and supporting materials on the Surgical Research website (or directly at (<https://www3.mydocsonline.com/cupload.aspx?id=ASRftp>)). If submitting a check, please mail \$200.00 fee (U.S. Dollars) payable to ASR to address below.

Payment Information									
<i>Checks must be in U.S. dollars and drawn on a U.S. bank and made payable to the ASR.</i>									
Please remit to: ASR 15490 – 101 st Ave N, Suite 100 Maple Grove, MN 55369 Phone: 763.235.6464 Fax: 763.235.6461	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"> <input type="checkbox"/> Check Credit Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover </td> </tr> <tr> <td style="width: 70%; padding: 2px;">Card Number</td> <td style="padding: 2px;">Expiration Date</td> </tr> <tr> <td style="padding: 2px;">Cardholder Billing Address</td> <td style="padding: 2px;">Card Code</td> </tr> <tr> <td colspan="2" style="padding: 2px;">City, State, Zip</td> </tr> </table>	<input type="checkbox"/> Check Credit Card Type: <input type="checkbox"/> AMEX <input type="checkbox"/> MC <input type="checkbox"/> Visa <input type="checkbox"/> Discover		Card Number	Expiration Date	Cardholder Billing Address	Card Code	City, State, Zip	
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