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.):	

Certification of Anesthesia Competence

To be completed by a person with a doctoral degree in medicine, dentistry, or veterinary medicine or certified ASR Surgical Research Specialist/Technician/Anesthetist who has assessed the ability of the candidate in the operating room.

☐ M.D. ☐ D.D.S. ☐ D.V.M. ☐ S.R.S. ☐ PhD

I certify that I have observed _____perform survival surgery anesthesia in a reliable and reproducible manner.

Signature	Date
Name	
Title	Degree
Address 1	Email
Address 2	Phone
City, State, Postal Code	

Office Use - Date Application Received:

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Name	*Application due March 31st*

Other Supporting Documentation to be Submitted:

- ☐ Resume/Curriculum Vitae
- ☐ Anesthesia/Surgical Training
- ☐ One (1) Anesthesia Case Log
- ☐ Two (2) Narrative Case Descriptions

Case Log Summary: *This information demonstrates that you have met minimum requirements. If you exceed requirements, choose what best demonstrates your experience. Use only cases that meet **all** requirements (≥30 mins, primary anesthetist, ≥72 hr survival, parameters monitored).*

☐ **Case log time span (≥ 1 yr with no case older than 3 yrs prior to application deadline)**
Date of first case:
Date of last case:
Total time span (years/days):

2 Species	***or***	**1 Species**
☐ **2 Species (≥30 cases)** ***(if exactly 30, must have 15 per species)*** Species 1 & # of cases: Species 2 & # of cases: # of cases other species:		☐ 1 **Species (≥60 cases)** Species & # of cases: ☐ **Anesthetic protocols (≥1)** ***(provide case #s demonstrating these)*** Anesthetic protocol 1: Anesthetic protocol 2:

Case Narrative Requirement Details:

☐ **Narrative 1 Case # from log:**
☐ **Narrative 2 Case # from log:**

INSTRUCTIONS:

1. ***Pay application fee through the Payment Link.***
2. ***Upload application and supporting documentation to the ASR File Upload Site.***

Please title each upload with name, certification, and content. When possible, please combine documents into a single or several organized files.

File Title Ex: Allison Anesthesia SRA Application Packet