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