

PRACTITIONER STATEMENT

In order to facilitate anesthesiologist assistants' licensure by state boards of medicine, credentialing by hospitals, and payment for services by Medicare, Medicaid, and insurance carriers, NCCAA is modifying its information policy concerning verification of certification. Beginning in July 2004, NCCAA began moving information concerning practitioners' certification status into the public domain. This is similar to NCCAA's annual publication of certified anesthesiologist assistants except that the information will be updated as often as needed for each practitioner. Once a practitioner has signed, dated, and returned a Practitioner Statement to NCCAA, he/she will no longer need to submit individual, signed requests for verification of certification.

Any practitioner who has not submitted a Practitioner Statement should print this page, date and sign the Practitioner Statement below, and return this form to NCCAA, PO Box 15519, Atlanta, GA 30333-0519.

Practitioner Statement

In consideration for no longer requiring me to submit individual, signed requests for verification of certification, I hereby agree that NCCAA may provide to those agencies, organizations, and other parties who shall so inquire, information regarding my certification status, and I hereby release, discharge, and exonerate NCCAA, Commissioners, Board of Directors, officers, representatives, contractors, and agents from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with, reports given with respect to the written examinations, provision of information regarding my certification status, the certification process, or the failure of the Commission to issue me a certificate or verify in any other manner that I have satisfied NCCAA's certification requirements. It is understood that the decision as to whether my examinations and continuing medical education submissions qualify me for certification is vested solely and exclusively in the Commission and that its decision is final.

PRINT NAME

SIGNATURE

DATE