

ALABAMA BOARD OF MEDICAL EXAMINERS  
P. O. Box 946 – Montgomery, Alabama 36101  
848 Washington Avenue - 36104

OFFICE-BASED SURGERY /PROCEDURES  
PHYSICIAN REGISTRATION FORM

Name: \_\_\_\_\_ AL License # \_\_\_\_\_

Address: \_\_\_\_\_ (Street)  
City State Zip

Primary Specialty: \_\_\_\_\_

List all Specialty Board Certifications (Approved by the ABMS or AOA) \_\_\_\_\_

1. Do you perform any procedures in the office-based setting in which one or more of the following levels of anesthesia are utilized?

Moderate Sedation / Analgesia (“Conscious sedation”) - drug-induced depression of consciousness during which a patient responds purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No \_\_\_\_\_ Yes \_\_\_\_\_

If you answered yes, list procedures performed: \_\_\_\_\_

Deep Sedation / Analgesia - drug-induced depression of consciousness during which patients cannot be easily aroused but respond purposefully following repeated or painful stimulation. No \_\_\_\_\_ Yes \_\_\_\_\_

If you answered yes, list procedures performed: \_\_\_\_\_

General Anesthesia - drug-induced loss of consciousness during which patients are not arousable, even by painful stimulation. The ability to independently maintain ventilatory function is often impaired. Patients often require assistance in maintaining a patent airway, and positive pressure ventilation may be required because of depressed spontaneous ventilation or drug-induced depression of neuromuscular function. Cardiovascular function may be impaired. Regional Anesthesia (“Major conduction blockade”) is considered in the same category as General Anesthesia. No \_\_\_\_\_ Yes \_\_\_\_\_

If you answered yes, list procedures performed: \_\_\_\_\_

I (the physician) certify that I have read the Board Rules 540-X-10-.06 and meet the training requirements set forth in the Alabama Board of Medical Examiners’ Office-Based Surgery Rules for moderate sedation, deep sedation, and general anesthesia.

No \_\_\_\_\_ Yes \_\_\_\_\_

Is your office currently accredited by one of the following organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please check the appropriate answer.

Accreditation Association for Ambulatory Health Care (AAAHC) ☐

American Association for Accreditation of Ambulatory Surgery Facilities (AAAASF) ☐

Joint Commission on Accreditation of Healthcare Organizations (JCAHO) ☐

If your office is not currently accredited, do you plan to obtain accreditation within the next two years?

No \_\_\_\_\_ Yes \_\_\_\_\_

2. Do you perform liposuction when infiltration methods such as tumescent technique are used?

No \_\_\_\_\_ Yes \_\_\_\_\_

If you answered yes, I (the physician) certify that I have read Board Rules 540-X-10-.10. and I meet the requirements and standards set forth in Board Rule 540-X-.08

No \_\_\_\_\_ Yes \_\_\_\_\_

3. Do you perform any procedures in which propofol is administered, given or used?

No \_\_\_\_\_ Yes \_\_\_\_\_

If you answered yes, I (the physician) certify that I have read and I meet the requirements and standards set forth in Board Rule 540-X-.08

No \_\_\_\_\_ Yes \_\_\_\_\_

4. Do you perform any procedures which are outside of the core curriculum of your formal specialty training?

If you answered yes, list procedures performed: \_\_\_\_\_  
Included documentation with this application of the training you have received, which qualifies you to perform the procedure.

*I swear (affirm) that the information set forth on this Office-Based Surgery / Procedures Registration Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.*

Signature of Physician: \_\_\_\_\_

Date: \_\_\_\_\_

*Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.*