

Transcript of Student Record for the National Certification Examination



Anesthesia Technologist Program Code # _____ ASATT ID # _____
 First Name _____ Middle Name _____
 Last Name _____ Maiden Name _____
 Street Address _____ City _____ State _____ Zip Code _____
 Telephone _____ Date of Birth (MM/DD/YYYY) _____ Social Security # (last digits) _____
 Degree Awarded: Associate's Baccalaureate

ANESTHESIA TECHNOLOGIST EDUCATIONAL PROGRAM INFORMATION

Anesthesia Technologist Educational Program Name _____
 Program City _____ State _____ Length in Months _____ Date of Birth (MM/DD/YYYY) _____
 Certificate Awarded _____ Major _____

ACADEMIC RECORD

The minimum required hours appear in parentheses

Hours

1. Professional Aspects of Anesthesia Technology Practice	(30)	
2. Anatomy		
Physiology		
Pathophysiology		
	(60)	
3. Anesthesia Pharmacology		
IV Therapy		
Emergency Medications		
	(30)	
4. Basic & Advanced Principles of Anesthesia Technology Practice		
Anesthesia Machine		
Hemodynamic Monitoring Equipment		
Intubation & Adjunct Airway Equipment		
Asepsis & Sterile Techniques		
	(88)	
5. Quality Assurance	(8)	
6. Capstone Course	(40)	
TOTAL	(256)	

() = Minimum Required Hours

As of the date of my signature below, I affirm that this transcript contains a complete and accurate record of the above-named student's academic coursework and clinical experience in the above-named approved/accredited anesthesia technologist educational program. I further affirm that the student has completed all the academic and clinical requirements necessary for completion of an approved/ accredited anesthesia technologist educational program, including attainment of identified competencies as specified by the Commission on Accreditation of Allied Health Education Programs.

Program Administrator Signature _____
 Date _____

As of the date of my signature below, I have read this transcript and it is a complete and accurate record of my academic coursework and clinical experience in the above-named approved/accredited anesthesia technologist educational program, including attainment of identified competencies as specified by the Commission on Accreditation of Allied Health Education Programs.

Candidate Signature _____
 Date _____

Record of Clinical Experience

Codes: ()=Minimum Required Cases. []=Preferred Number of Cases

First Name _____ Last Name _____ ASATT ID# _____ Program Code _____

	Number	
I. Total Number of Anesthesia Cases	(300)	
II. Total Clinical Hours*	(540)	
III. Lab/Simulation Time	(40)	
IV. Patient Physical Status		
A. Class I		
B. Class II		
C. Classes III & IV	[15]	(10)
D. Class V	[2]	
V. Special Cases		
A. Geriatric (65+ years)	[10]	(5)
B. Pediatric		
1. 2-12 years	[10]	(5)
2. Under 2 years	[5]	(1)
3. Neonate (Under 4-weeks)	[1]	
C. Trauma/Emergency	[5]	(3)
D. Ambulatory/Outpatient		(10)
E. Obstetrical management	[4]	(3)
1. Caesarean delivery	[2]	(1)
2. Analgesia for labor	[2]	(1)
a. Epidural	[3]	(1)
b. Spinal	[3]	(1)
VI. Position Categories		
A. Prone	[5]	(2)
B. Lithotomy	[5]	(3)
C. Lateral	[5]	(3)
D. Sitting	[5]	(2)
VII. Anatomical Categories		
A. Intra-abdominal	[10]	(5)
B. Extrathoracic	[2]	(1)
C. Extremities		(5)
D. Perineal	[3]	(1)
E. Head		
1. Extracranial		(1)
2. Intracranial	[2]	(1)
3. Oropharyngeal	[5]	(3)
F. Intrathoracic		
1. Heart	[4]	(2)
2. Lung	[5]	(2)
3. Other	[3]	(2)
G. Neck	[4]	(2)
H. Neuroskeletal	[2]	(1)
I. Vascular	[2]	(1)
J. Other		

*Total clinical hours may include 280 hours of lab/simulation.

All areas must contain a number even if it is a zero.

	Number	
VIII. Pharmacological Agents:		
Observe/Assist for Induction		
A. Inhalation agents	[200]	(100)
B. Intravenous induction agents	[200]	(100)
C. Muscle relaxants	[200]	(100)
D. Opioids	[200]	(100)
A. General anesthesia	[200]	(100)
B. Induction, maintenance, emergence		
1. Inhalation induction	[10]	(5)
2. Mask management		(1)
3. Laryngeal mask airways (or similar devices)	[15]	(10)
4. Tracheal intubation		
a. Oral	[200]	(100)
b. Nasal	[1]	
5. Total intravenous anesthesia	[2]	(1)
6. Emergence from anesthesia	[200]	(100)
C. Monitored anesthesia care	[10]	(5)
D. Regional techniques: setup & assist	[10]	(5)
1. Spinal	[5]	(1)
2. Epidural	[5]	(1)
3. Peripheral	[5]	(1)
IX. Arterial Technique: Setup & Assist		(10)
A. Arterial puncture/catheter insertion		(5)
B. Intra-arterial blood pressure monitoring		(3)
X. Central Venous Pressure Catheter:		
Setup & Assist	[5]	(2)
A. Actual	[5]	(1)
B. Simulated	[5]	(1)
XI. Pulmonary Artery Catheter:		
Setup & Assist		
A. Placement	[5]	(1)
B. Monitoring	[5]	(1)
XII. Other		
A. Intravenous catheter placement	[10]	(5)
B. ACLS – Expiration date (mm/yy)		
C. Pain Management (acute/chronic)	[1]	
D. Alternative airway management techniques	[40]	(10)
1. Fiberoptic techniques: setup & assist	[5]	(3)
a. Actual placement	[2]	(1)
b. Simulated placement	[2]	(1)
c. Airway assessment	[3]	(1)
2. Other techniques	[2]	(1)