

Request Form for Clinical Anesthesia (CA) Credit for Training Completed in Another Specialty

Continuum of Education in Anesthesiology Policy

The continuum of education in anesthesiology consists of four years of full-time training subsequent to the date that the medical or osteopathic degree has been conferred. The continuum consists of a clinical base year and 36 months of approved training in anesthesia (CA-1, CA-2 and CA-3 years).

Prospective ABA approval is required for exceptions to our policies regarding the training planned for individual residents. The ABA will consider requests from training programs to grant CA training credit to residents for specific clinical rotations that were previously completed in another specialty.

Prerequisites:

- Requests for neonatal ICU or research rotations will not be approved.
- The rotations must have been supervised or designed by an anesthesiologist.
- Rotations must have been completed within the prior five years of the request for credit.
- Adult or pediatric ICU rotations may be eligible for credit if certain criteria have been met (see Section 2).

Carefully review and complete the following checklist to request a credit transfer.

Questions? Please contact us at (866) 999-7501 or via email at casemanagement@theaba.org.

Section 1:

Resident Name: _____

Resident ABA IDN: _____

Name of Training Program Submitting Request: _____

Program Director Name: _____

Describe the Rotation(s) for which Credit is Being Requested: (If credit is being sought for multiple rotations, please describe each separately in the following sections).

Describe Rotation 1.

Name of rotation: _____

Program where rotation took place: _____

Date(s) of rotation (month and year): _____

Name of Director of the rotation **Name:** _____

Was the director an anesthesiologist? **Yes** _____ **No** _____

Was this an operative anesthesia rotation part of accredited otolaryngology, plastic surgery, or oral and maxillofacial surgery training programs? **Yes** _____ **No** _____

Does this request involve a rotation in recovery room care, perioperative evaluation, or pain medicine and include active involvement by anesthesia faculty? *These requests will be evaluated for credit on a case-by-case basis and must include active involvement by anesthesia faculty.* **Yes** _____ **No** _____

Describe Rotation 2 (if applicable)

Name of rotation: _____

Program where rotation took place: _____

Date(s) of rotation (month and year): _____

Name of Director of the rotation **Name:** _____

Was the director an anesthesiologist? **Yes** _____ **No** _____

Was this an operative anesthesia rotation part of accredited otolaryngology, plastic surgery, or oral and maxillofacial surgery training programs? **Yes** _____ **No** _____

Does this request involve a rotation in recovery room care, perioperative evaluation, or pain medicine and include active involvement by anesthesia faculty? **These requests will be evaluated for credit on a case-by-case basis and must include active involvement by anesthesia faculty.** **Yes** _____ **No** _____

Describe Rotation 3 (if applicable)

Name of rotation: _____

Program where rotation took place: _____

Date(s) of rotation (month and year): _____

Name of Director of the rotation **Name:** _____

Was the director an anesthesiologist? **Yes** _____ **No** _____

Was this an operative anesthesia rotation part of accredited otolaryngology, plastic surgery, or oral and maxillofacial surgery training programs? **Yes** _____ **No** _____

Does this request involve a rotation in recovery room care, perioperative evaluation, or pain medicine and include active involvement by anesthesia faculty? **These requests will be evaluated for credit on a case-by-case basis and must include active involvement by anesthesia faculty.** **Yes** _____ **No** _____

Section 2:

Critical Care Medicine Rotations. Complete the following sections for CCM rotation credit requests.

Criteria: To receive training credit for critical care rotations completed as part of a prior residency program, at least two months of critical care are required that meet the following criteria:

1. active participation in patient care,
2. active involvement by anesthesia faculty experienced in the practice and teaching of critical care, and an appropriate population of critically ill patients.

Experience in short-term, overnight post-anesthesia units, intermediate step-down units, or emergency rooms **does not** fulfill this requirement. See [ABA Policy Book](#), Section 3.03.B(2).

Did the resident meet the above criteria? **Yes** _____ **No** _____

If yes, how many months of ICU credit is requested? _____

If yes, at the resident level, up to an additional six months of CA3 training credit may be awarded for critical care medicine rotations without active involvement by an anesthesiologist. Did the resident complete a critical care rotation that was not part of a separate rotation requiring critical care consults?

Yes

No

At the fellowship training level, as part of an accredited pediatric critical care or critical care medicine program, rotations in medically based units (e.g., MICU, CCU) are eligible for up to six months CA3 elective credit. Up to an additional two months of core critical care credit may be awarded if the rotation meets the criteria outlined above. Was the fellow assigned to a critical care rotation that was not part of a separate rotation requiring critical care consults?

Yes

No

Form Submission

Email completed forms to ABA Case Management at casemanagement@theaba.org

FOR ABA OFFICE USE ONLY

Date Form Received

Date Reviewed by Credentialing Committee

Decision Outcome

Date Program Informed of Decision
