

## 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 [coms@theaba.org](mailto:coms@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? <i>These requests will be evaluated for credit on a case-by-case basis and must include active involvement by anesthesia faculty.</i>	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? <i>These requests will be evaluated for credit on a case-by-case basis and must include active involvement by anesthesia faculty.</i>	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

**Program Director Signature**

**Department Chair Signature**

**Date Reviewed by Credentialing Committee**

**Date Form Received**

**Date Reviewed by Credentialing Committee**

**Decision Outcome**

**Date Program Informed of Decision**