American Society of Anesthesia Technologists and Technicians

Transcript of Student Record for the National Certification Examination

Anesthesia Technologist Program Code # _____ ASATT ID # _____

First Name _____ Middle Name _____

Last Name _____ Maiden Name _____

Current Street Address _____ City _____ State ____ Zip Code _____

Telephone _____ Date of Birth (MM/DD/YYYY) _____ Social Security Number (last 4 digits) _____

Degree Awarded: AS ☒ BS ☒

Anesthesia Technologist Educational Program Information

Anesthesia Technologist Educational Program Name: _____

Program City: _____ State ____ Length in Months ____ Date Completed (MM/DD/YYYY) _____

Certificate Awarded _____ Major Anesthesia Technology

Academic Record The minimum required hours appear in parentheses. No field can contain a zero.	Hours
1. Professional Aspects of Anesthesia Technology Practice **(30)**	
2. Anatomy *may be integrated into lectures	
Physiology	
Pathophysiology	
(60)	
3. Anesthesia Pharmacology (18)	
IV Therapy (6)	
Emergency Medications (6)	
(30)	
4. Basic & Advanced Principles of Anesthesia Technology Practice	
Anesthesia Machine (24)	
Hemodynamic Monitoring Equipment (40)	
Intubation & Adjunct Airway Equipment (16)	
Asepsis & Sterile Techniques (8)	
(88)	
5. Quality Assurance **(8)**	
6. Capstone Projects **(40)**	
Total (256)	

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 of 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 _____

American Society of Anesthesia Technologists and Technicians

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 Hours of Anesthesia Time		**(560)**	
III. Total Clinical Hours		**(540)**	
IV. Lab/Simulation Time		**(40)**	
V. Patient Physical Status			
A. Class I			
B. Class II			
C. Classes III & IV	[15]	**(10)**	
D. Class V	[2]		
VI. Special Cases			
A. Geriatric (65+ years)	[10]	**(5)**	
B. Pediatric			
a. 2-12 years	[10]	**(5)**	
b. under 2 years	[5]	**(1)**	
c. 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)**	
VII. Position Categories			
A. Prone	[5]	**(2)**	
B. Lithotomy	[5]	**(3)**	
C. Lateral	[5]	**(3)**	
D. Sitting	[5]	**(2)**	
VIII. 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	[4]	**(2)**	
1. Heart	[5]	**(2)**	
2. Lung	[3]	**(2)**	
3. Other			
G. Neck	[4]	**(2)**	
H. Neuroskeletal	[2]	**(1)**	
I. Vascular	[2]	**(1)**	
J. Other			

			Number
IX. Pharmacological Agents-Observe & Assist for Induction			
A. Inhalation agents	[200]	**(100)**	
B. Intravenous induction agents	[200]	**(100)**	
C. Intravenous agents – muscle relaxants	[200]	**(100)**	
D. Intravenous agents – 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)**	
a. Spinal	**[5]**	**(1)**	
b. Epidural	**[5]**	**(1)**	
c. Peripheral	**[5]**	**(1)**	
XI. Arterial Technique: Setup & Assist		**(10)**	
A. Arterial puncture/catheter insertion		**(5)**	
B. Intra-arterial blood pressure monitoring		**(3)**	
XII. Central Venous Pressure Catheter: Setup & Assist	**[5]**	**(2)**	
1. Actual	**[2]**	**(1)**	
2. Simulated	**[2]**	**(1)**	
XIII. Pulmonary Artery Catheter: Setup & Assist			
A. Placement	**[5]**	**(1)**	
B. Monitoring	**[5]**	**(1)**	
XIV. 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)**	

All areas must be completed

**Students must have experience in each category*
*** Including lab simulation hours (283)*