

## 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:** Associate's  Baccalaureate

### Anesthesia Technologist Educational Program Information

Anesthesia Technologist Educational Program Name:

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

Certificate Awarded  Major

<b>Academic Record</b> The minimum required hours appear in parentheses.	Hours
1. Professional Aspects of Anesthesia Technology Practice <span style="float: right;"><b>(30)</b></span>	
2. Anatomy	XXXXXX
Physiology	XXXXXX
Pathophysiology	XXXXXX
<b>(60)</b>	
3. Anesthesia Pharmacology	XXXXXX
IV Therapy	XXXXXX
Emergency Medications	XXXXXX
<b>(30)</b>	
4. Basic & Advanced Principles of Anesthesia Technology Practice	XXXXXX
Anesthesia Machine	XXXXXX
Hemodynamic Monitoring Equipment	XXXXXX
Intubation & Adjunct Airway Equipment	XXXXXX
Asepsis & Sterile Techniques	XXXXXX
<b>(88)</b>	
5. Quality Assurance <span style="float: right;"><b>(8)</b></span>	
6. Capstone Course <span style="float: right;"><b>(40)</b></span>	
<b>Total (256)</b>	

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
<b>I. Total Number of Anesthesia Cases</b>		<b>(300)</b>
<b>II. *Total Clinical Hours</b>		<b>(540)</b>
<b>III. Lab/Simulation Time</b>		<b>(40)</b>
<b>IV. Patient Physical Status</b>		
A. Class I		
B. Class II		
C. Classes III & IV	[15]	(10)
D. Class V	[2]	
<b>V. Special Cases</b>		
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)
<b>VI. Position Categories</b>		
A. Prone	[5]	(2)
B. Lithotomy	[5]	(3)
C. Lateral	[5]	(3)
D. Sitting	[5]	(2)
<b>VII. Anatomical Categories</b>		
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		

		Number
<b>VIII. Pharmacological Agents: Observe/Assist for Induction</b>		
A. Inhalation agents	[200]	(100)
B. Intravenous induction agents	[200]	(100)
C. Muscle relaxants	[200]	(100)
D. Opioids	[200]	(100)
<b>IX. Arterial Technique: Setup &amp; Assist</b>		
A. Arterial puncture/catheter insertion		(5)
B. Intra-arterial blood pressure monitoring		(3)
<b>X. Central Venous Pressure Catheter: Setup &amp; Assist</b>		
1. Actual	[2]	(1)
2. Simulated	[2]	(1)
<b>XI. Pulmonary Artery Catheter: Setup &amp; Assist</b>		
A. Placement	[5]	(1)
B. Monitoring	[5]	(1)
<b>XII. Other</b>		
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 contain a number even if it is a zero.**

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