

WAIVER:

DOCUMENTATION OF FAMILIARITY WITH ANESTHESIA PRACTICE

If you are unsuccessful in finding a shadowing opportunity, you must submit **three** waivers, one for each facility where you were denied permission to shadow. This waiver must be signed by a staff member in the anesthesiology department, indicating that you are not permitted to observe the administration of anesthesia in that facility.

APPLICANT

- (1) Complete this page above the triple line.
- (2) Enter your full name: _____
- (3) Enter the name, hospital address, and phone number of the person you contacted at the facility: :
Name: _____
Hospital: _____
Address: _____

Phone: (____) ____ _____
- (4) Print out this document and obtain the signature of a staff member within the anesthesia department.

DEPARTMENT OF ANESTHESIOLOGY STAFF MEMBER

- (1) Please sign below to acknowledge that the applicant is not permitted to observe the administration of anesthesia in your facility.
- (2) Please return this form to that individual for inclusion in their application.
- (3) Please date and sign this form:

PRINT NAME

SIGNATURE

____-____-____
DATE

Thank you.

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