



**ANESTHESIOLOGIST ASSISTANT
Certificate of Education**

I am applying for a Certificate of Registration as an Anesthesiologist Assistant in the State of Ohio. The State Medical Board of Ohio requires that this form be completed by the program where I received my Anesthesiologist Assistant training. **Please complete the form and return it to the State Medical Board of Ohio by email to: med.license@med.ohio.gov.** Thank you.

THIS SECTION TO BE COMPLETED BY APPLICANT

Name: _____
last first middle suffix (Jr., II)

Address: _____
Number & Street Date of Birth _____
month/day/year

City, State & Zip Code

I hereby authorize _____
to furnish the information below to the State Medical Board of Ohio.

Signature of Applicant Date

THIS SECTION TO BE COMPLETED BY ANESTHESIOLOGIST ASSISTANT PROGRAM

This certifies that the above named applicant has successfully completed the requisite didactic education as well as the requisite clinical course work as defined in Section 4760.031 Ohio Revised Code and as verified in the applicant's official academic transcripts.

Name of Program: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____
from: _____ to: _____
beginning (month/day/year) ending (month/day/year)

- It is further certified that the above named: will be awarded a degree _____
month/day/year
 was awarded a degree on: _____
month/day/year
 was not awarded a degree, explain _____

I hereby recommend him/her for Anesthesiologist Assistant registration in the State of Ohio.

Signature of Registrar/Program Director (original signature only, name stamps will not be accepted.)

Name (please print or type)

Date