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### International Anesthesiology Provider’s Attestation

This signed and completed form is mandated by QUAD A for any facility contracting outside anesthesia providers to administer anesthesia to the facility’s patients. QUAD A understands that more than one outside anesthesia provider may be utilized by the facility when scheduling these services, so each anesthesia provider that may be used by the facility must submit this information to QUAD A.

▶ *Please make photocopies of this form if more than one anesthesia provider may be used.*

Please read this attestation carefully, fill in the requested information, and return this completed form to QUAD A.

▶ As an independent anesthesiology provider for (name of facility):

Located at: \_\_\_\_\_

▶ **I attest that I will comply with all anesthesiology-related standards as published in the QUAD A Standards, Version 3.1 2017 as follows:**

**All standards published under Section 200.60 Equipment; all standards under Section 300 Recovery Environment, policy and Procedures; all Standards under Section 1000 Anesthesia Section ▶ Anesthesiology Provider Credentials to be submitted:**

Name of anesthesia provider: \_\_\_\_\_

Address of provider: \_\_\_\_\_

Telephone of provider: \_\_\_\_\_

Anesthesia provider’s license number: \_\_\_\_\_

License expiration date: \_\_\_\_\_

License issuing country: \_\_\_\_\_

▶ I further understand that the facility and/or the anesthesia provider(s) are responsible for providing 100% of the facility’s anesthesia equipment, medications, emergency and recovery supplies and equipment, in addition to all professional anesthesia services.

\_\_\_\_\_  
Anesthesia provider’s signature

\_\_\_\_\_  
Date

▶ As the Facility/Medical Director of the facility listed above, I attest that this information accurately reflects my facility’s contracted outside anesthesia providers’ attestation and my attestation to comply with all QUAD A anesthesia standards as listed.

\_\_\_\_\_  
Facility/Medical Director’s signature

\_\_\_\_\_  
Date

▶ This form must be completed and signed for each anesthesia provider and returned with the completed QUAD A accreditation application packet.