



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Medical Examiners
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**Adding Alternate Supervising Anesthesiologists
 for Anesthesiologist Assistants Form**

 Anesthesiologist Assistant Name Signature License Number Date

 Sponsoring Anesthesiologist Name Signature License Number Date

Practice Name and Address: _____

Please add the following anesthesiologist as alternate supervising anesthesiologist for the anesthesiologist assistant listed above. If adding more than ten alternate supervising anesthesiologist, please duplicate this form as needed.

Alternate Anesthesiologist's Name License # Signature Date Signed

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

Please keep a copy for your records and provide a copy to your supervising and alternate supervising anesthesiologist.