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AMERICAN ACADEMY OF ANESTHESIOLOGIST ASSISTANTS

PRACTICE ISSUE SUBMISSION FORM

Date of Submission: _____ Contact Name: _____

Phone: _____ Email: _____

Name of Organization where issue arose: _____

Address: _____

City/State/Zip: _____

1. What is the nature of the issue: _____

2. What events preceded the issue: _____

3. Was there ever any written correspondence (if so, describe and submit correspondence with this form): _____

4. What would be a satisfactory outcome of this issue: _____

5. Is there any other manner of resolution, if so describe: _____

6. Does the issue deal with state law or regulation or internal policy/practices: _____
