



National Commission for  
**Certification** of  
Anesthesiologist Assistants

## CAA Commissioner Application

### Contact Information

Name: \_\_\_\_\_ NCCAA Certificate #: \_\_\_\_\_ First Year: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

### CAA Practice History

Number of Years in Practice as a CAA: \_\_\_\_\_

List the states in which you have practiced as a CAA. For those states that require a state license, provide license number(s):

\_\_\_\_\_  
\_\_\_\_\_

Describe your current clinical practice: Full-Time \_\_\_\_ Part-Time \_\_\_\_ Not in practice \_\_\_\_

If in clinical practice, describe the setting (eg. community hospital, academic hospital, surgery center, office based etc.) \_\_\_\_\_

**Statements in Support of Application**

Please submit type written responses to the following. Text boxes have been provided, but if necessary, an attached Word document may be submitted with the application for the Statements of Support.

**Briefly describe why you are interested in serving on the NCCAA Board.**

**Describe your qualifications to serve on the NCCAA Board. Include relevant professional leadership positions that you have held and how they have prepared you for service on the NCCAA Board.**

**Please indicate work experience outside of your CAA training and clinical practice (if any). Check all that apply and briefly describe.**

- Education
- Human Resources
- Leadership/Management
- Finance/Accounting
- Research
- Not for Profit Board Experience
- Public Relations/Communications
- Testing/Assessment/Certification Credentialing
- Healthcare Administration/Credentialing
- Other (please specify)

Briefly Describe:

---

---

---

---

As service on the Board requires a significant time commitment and at times will likely require time away from work, please indicate your ability to make yourself available for NCCAA activities as described in the CAA Commissioner Selection and election documentation and also indicate if you have the support of your employer.

**Acknowledgement & Signature**

I affirm that the information provided on and with this application is accurate to the best of my knowledge. I also affirm that I am in compliance with the CAA Board Member Qualifications section of the NCCAA Commissioner Role, Selection & Election document found on the NCCAA website.

I further affirm that I have read and understand the NCCAA Commissioner Board Role section of the NCCAA Commissioner Role, Selection & Election document found on the NCCAA website and that I have the present ability to fulfill the responsibilities described therein if elected to serve as a Commissioner on the NCCAA Board.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Additional Requested Information**

The NCCAA recognizes the importance of a Board that is as diverse as the incumbent population of CAAs that it certifies. ***The following information is optional.*** However, the Board believes that it will assist the NCCAA in the goal of Board leadership being representative of the CAA population at large.

Understanding that a small group of categories cannot fully encompass all ancestral lineages and that the categories below may not accurately represent your specific ancestry, please indicate your race/ethnicity and provide more detailed information and description as appropriate.

- American Indian/Alaskan Native
- Asian American
- Black or African American
- Hispanic or Latino
- Native Hawaiian/Other Pacific Islander
- Multiracial
- White/European

Description:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please select your age.

- under 25
- 25 – 30
- 31 – 35
- 36 – 40
- 41 – 45
- 46 – 50
- 51 – 55
- 56 – 60
- 61 – 65
- 66 – 70
- 70+

Please select the geographic location that best describes your residence.

- Northeast
- Southeast
- Midwest
- Southwest
- West

Please select the type of community that best describes where you live.

- Urban
- Suburban
- Rural
- Other \_\_\_\_\_

Please select the type of community that best describes the community where you work.

- Urban
- Suburban
- Rural
- Other \_\_\_\_\_

**Please submit the completed application and all required supporting documents by email to [governance@nccaa.org](mailto:governance@nccaa.org).**