



National Commission for  
**Certification** of  
Anesthesiologist Assistants

## Volunteer Subject Matter Expert (SME) Application

### Contact Information

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

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

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

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

### CAA Practice History

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

Provide a description of your clinical practice, including types of anesthetic cases and procedures that you have mastery level knowledge and competency. (Attached Word document may be included with application if necessary)

---

---

---

---

---

---

---

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

If in clinical practice, describe the setting (e.g., community hospital, academic hospital, surgery center, 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 as a volunteer NCCAA SME.**

**Describe your qualifications to serve as a SME for the NCCAA.**

**Serving as an NCCAA SME can require significant time commitment and at times will require time away from work. Please indicate your ability to make yourself available for NCCAA SME activities as outlined in the Exam Development Opportunities document and 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 a NCCAA Certified Anesthesiologist Assistant in good standing and have successfully completed at least one CDQ examination.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Additional Requested Information**

The NCCAA recognizes the importance of a SME Committee that is as diverse as the incumbent population of CAAs that it certifies. ***The following information is optional.*** However, the NCCAA Board believes that it will assist the NCCAA in the goal of maintaining a committee that is 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 your gender.

- Female
- Male
- Prefer not to say
- Other \_\_\_\_\_

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 [exams@nccaa.org](mailto:exams@nccaa.org).**