Anesthesiologist Re-Entry Program Directory

Please answer as many relevant questions on this form below to identify your program's re-entry details. With the answers to these questions, those interested individuals should be able to get a good picture of what resources are available at your facility and with whom to reach out to in order to begin the process.

Re-Entry Program Information

Please Provide Your Current Program Information

Program Name *

Meet

Contact Person: *

| ASA | ASA |
| First Name | Last Name |

Alternate Contact:

| | |
| First Name | Last Name |

Phone Number *

131354 - 556+413213

Area Code   Phone Number

E-mail *

a.patel@asahq.org

Address *

giug

Street Address

hyuih

Street Address Line 2

uihs

City

iho

State / Province

465441

Postal / Zip Code

United States

Country

Program Website: * www.fri.com

https://www.example.com

Business hours of availability: * 3

Program Length: * 1

When Offered: * 2

I.E. How Often? Time of Year?

Patient Contact: * ☑ Yes
☑ No

State Licensure Required: * ☑ Yes
☑ No

Program Description *

rtgfgde ergterfg erftgerdse erterfergf erfgedesf

Include: Scope (general anesthesiology and/or subspecialty), affiliation information and references (300 word limit)5/300

Please make sure to double-check your program's details prior to submission as this will be the information posted for interested individuals to reference.