PPM
PREFERRED PHYSICIANS MEDICAL RISK RETENTION GROUP
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QUESTIONNAIRE – STUDENT NURSE PROGRAM

POLICYHOLDER / APPLICANT NAME:

NURSE ANESTHETIST SCHOOL:

ADDRESS:

STREET _____ CITY _____ STATE _____ ZIP _____

1. IS THIS PROGRAM ACCREDITED BY THE COUNCIL ON ACCREDITATION OF NURSE ANESTHESIA EDUCATIONAL PROGRAMS? ☐ YES ☐ NO

2. INSURANCE

   WHAT ARE THE LIMITS OF LIABILITY CARRIED BY THE STUDENTS? _____ EACH CLAIM / _____ AGGREGATE

   MAY WE OBTAIN A COPY OF THE INSURANCE? ☐ YES ☐ NO

3. PLEASE INDICATE THE LENGTH OF THE PROGRAM:

   TOTAL PROGRAM: _____

   DIDACTIC: _____

   CLINICAL: _____

4. WHAT ARE THE PREREQUISITES FOR ACCEPTANCE OF STUDENTS INTO THIS NURSE ANESTHESIA PROGRAM?

   _____

   _____

   _____

   _____

5. WHEN THE SRNAs START CLINICAL TRAINING AT YOUR FACILITY, HAVE THEY: (CHECK ALL THAT APPLY)

   ☐ COMPLETED ALL DIDACTIC TRAINING
   ☐ COMPLETED NO CLINICAL TRAINING
   ☐ COMPLETED SOME CLINICAL TRAINING, HOW MUCH? _____
   ☐ ADVANCE TRAINING

6. DURING THE CLINICAL TRAINING AT YOUR FACILITY ARE THE STUDENTS:

   PAIRED UP WITH A PHYSICIAN? ☐ YES ☐ NO

   PAIRED UP WITH A CRNA? ☐ YES ☐ NO

   IF YES, WHAT IS THE SUPERVISION RATIO OF PHYSICIAN TO CRNA/SRNA? _____

   LEFT ALONE WITH PATIENTS? ☐ YES ☐ NO

   IF YES, WHEN DOES THIS OCCUR? _____

   _____

   _____

7. HOW MANY STUDENTS ARE IN CLINICAL TRAINING AT A TIME UNDER YOUR GROUP'S TEACHING/DIRECTION/CONTROL? _____

   HOW LONG WILL THE STUDENTS TRAIN AT YOUR FACILITY? _____

8. IS THERE WRITTEN PROTOCOLS REGARDING THE STUDENTS CLINICALLY TRAINING AT YOUR FACILITY? ☐ YES ☐ NO

   IF YES, PLEASE PROVIDE A COPY.

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9. DOES YOUR GROUP UTILIZE A SPECIFIC ANESTHESIA INFORMED CONSENT? ☐ YES ☐ NO

DOES THE INFORMED CONSENT USED BY YOUR FACILITY/GROUP SPECIFY THAT MEDICAL PROFESSIONALS (SRNAs) IN TRAINING MAY ALSO BE INVOLVED IN ANESTHESIA CARE? ☐ YES ☐ NO

PLEASE PROVIDE A SPECIMEN COPY OF THE PATIENT'S INFORMED CONSENT.

_____ _____

COMPLETED BY DATE

_____

TITLE

FOR PPM OFFICE USE

UNDERWRITER: _____ DATE: _____

APPROVED: ☐ YES ☐ NO COMMENTS: _____

_____

_____