

Applicant for Onsite Reviewer - Survey

Date:

Name:

AANA Member Number:

Enter % time devoted to an activity by rounding to the nearest whole number.

| ACTIVITY | % TIME |
|--|--------|
| 1. Administration | _____% |
| 2. Actual administration of anesthesia | _____% |
| 3. Classroom instruction | _____% |
| 4. Clinical supervision of students | _____% |
| 5. **Other (specify below) | _____% |

Combined total needs to equal 100% in whole numbers TOTAL 100%

List **Other activities here: