



NEW YORK SOCIETY OF ANESTHETISTS

APPLICATION for DESIGNATION

AS A

FELLOW IN ANESTHESIOLOGY

FORM TO BE USED BY MEMBERS OF THE SOCIETY

TO BE SENT TO

COMMITTEE ON FELLOWSHIP

NEW YORK SOCIETY OF ANESTHETISTS

PAUL M. WOOD, M. D., *Secretary*

131 RIVERSIDE DRIVE

NEW YORK CITY

Qualifications

(As agreed upon by the Society and approved by the Committee on Fellowship.)

1. Applicants must be licensed to practice medicine by a National or State Board of Examiners, or its equivalent.
2. The percentage of specialization must correspond to the standard set by the American Medical Association for qualification in specialties.
3. Applicants must have specialized in anesthesiology for at least 7½ years, or
 - (a) Have been awarded by an approved University and advanced degree in the specialty, together with a period of special practice to make up a total of at least 500 administrations, or
 - (b) Have had an approved residency or special internship of a minimum of 2 years duration with a satisfactory amount of basic science work to make up at least five years of practice in the specialty or
 - (c) They must actually have given at least 2500 administrations for general surgical conditions on human beings and present a certified proof of the same, or have done research work which in the opinion of the Committee on Fellowship is equivalent.
4. They must hold or have held a position for the period of 2 years on the anesthesia staff of a hospital approved by the American Medical Association.
5. They must be able to administer most forms of anesthetics, local, spinal, regional, inhalation, intravenous, rectal, etc.
6. They must be members in good standing of their county or state Medical societies and at least one recognized anesthesia society.
7. They must have written and had published in a recognized medical journal, at least two articles (or the equivalent) pertaining to the specialty.
8. To be eligible for examination (written, oral, or practical) this application must be signed and sent, together with \$10.00 (certification fee) and with letter of recommendation from each endorser, to the Committee on Fellowship of the New York Society of Anesthetists.

Checks should be made payable to the **Treasurer of the New York Society of Anesthetists.**

Designation as a Fellow in Anesthesiology of the New York Society of Anesthetists may be withdrawn for cause by vote of the Society only upon recommendation of the Committee on Fellowship.

(Please Typewrite or Print)
Attach extra sheets securely

Application data for Certification as a Fellow in Anesthesiology

Name (full) **Arthur E. Guedel M.D.**

Address **613 N. Elm Drive, Beverly Hills, Calif.**

Born in **Wayne Co., Indiana, 1883.** **June 14.**

Graduated from Medical School **Indiana University**

Licensed to practice **Marion Co. Indiana 1908.**

Practicing at **Los Angeles, California.**

Hospital affiliations, past and present **All hospitals, Indianapolis, Indiana.**

All hospitals Los Angeles, California.

Teaching affiliations, past and present **Indiana University Medical.**

Southern California University Medical.

Laboratory or Clinical Research completed **----**

Membership in Medical and Scientific Societies—especially anesthesia societies, past and present. Positions held in societies, past and present.

Los Angeles County, California State & A. M. A.

Pacific Coast Anesthetists. N.A.R.S. etc.

Other degrees and date of award with name of School **None.**

Internship—give dates of service and type (rotating, surg, gyn, etc.)

Rotating- Indianapolis City Hospital. 1907-1908.

Special anesthesia courses—time and place **None.**

How many years in the specialty **26 yrs.** How many anesthetics **???** How many records **???**

Other branches of medicine practised and dates **General Medicine 1908 - 1914.**

What percentage of your practice is devoted to anesthesiology **All.**

Methods or apparatus you have devised or developed **Nothing worth while.**

What anesthesia society meetings have you attended during the past three years
Travel Club.

Publications, title, date and journals. Also list unpublished papers read before medical or scientific societies, the subject dealing with some phase of anesthesiology

Twenty or thirty papers on various anesthetic subjects, Published during last twenty five years in, McMechan's journal, A.M.A., Indiana State Journal, and others.

.....
Date

Arthur E. Guedel M. D.
Applicant's Signature

To the Committee on Fellowship of the New York Society of Anesthetists:

The undersigned, having severally read the foregoing application and qualifications, and being personally acquainted with the applicant named therein, recommend the applicant for examination for certification as Fellow in Anesthesiology of the New York Society of Anesthetists.

J. Dunsdale Buchanan M. D.
Fellow in Anesthesiology

2345 Broadway N.Y.C.
Address

Paul Lee Edorf M. D.
Fellow in Anesthesiology

131 Riverside Drive
Address

..... M. D.
Director of Surgery

.....
Hospital

DATE RECEIVED *12-6-35* *uncomplete*

ACTION TAKEN

EXAMINED BY

FELLOWSHIP NUMBER

GRANTED

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