



THE STATE of ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Nursing

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Send electronic transcripts to: boardofnursing@alaska.gov

CERTIFIED REGISTERED NURSE ANESTHETIST
APPLICATION FOR AUTHORIZATION TO PRESCRIBE
AND DISPENSE CONTROLLED SUBSTANCES

\$50.00 Nonrefundable Application Fee (Make check or money order payable to the State of Alaska.)

In addition to the legend drug prescriptive authority authorized in 12 AAC 44.525, the board will, in its discretion, authorize an Certified Registered Nurse Anesthetist to prescribe and dispense Schedule 2 -5 controlled substances in accordance with the applicable state and federal laws (12 AAC 44.525).

Name: Last First M.I.

Mailing Address: Street Address or P.O. Box City State Zip Code

Business Address: Street Address or P.O. Box City State Zip Code

Alaska CRNA Number: Telephone No.:

Date of Birth:

Social Security Number: Required by AS 08.01.060.
(The department is not authorized to issue a license, unless the applicant's Social Security Number has been provided.)

CRNA Prescribing Experience: Briefly describe your experience prescribing drugs during the past five years. Include the period of time you have been actively prescribing and the types of drugs.

I hereby certify that this information is true and correct to the best of my knowledge. I understand that any false or misleading information is this application or accompanying documents may result in failure to obtain authorization or subsequent revocation of my authorization to practice as an Certified Registered Nurse Anesthetist.

SIGN HERE In front of a notary

Signature of Applicant

SUBSCRIBED AND SWORN before me this day of, 20.

NOTARY

Signature of Notary Public

SEAL

Notary Public in and for the State of

My Commission Expires: