



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Board of Nursing
550 West 7th Avenue, #1500, Anchorage, AK 99501
Tel: (907) 269-8161 · Fax: (907) 269-8196
Email: license@alaska.gov · Website: Nursing.Alaska.Gov

NUR

FOR DIVISION USE ONLY

Now Available!

Renew Online:

- Fast
- Easy

Certified Registered Nurse Anesthetist Authorization

December 1, 2016 — November 30, 2018

Biennial Renewal

- Online renewal is available at: Nursing.Alaska.Gov
- Emailed applications will not be accepted.
- Your certified registered nurse anesthetist authorization lapses after November 30, 2016.
- There is no grace period — it is illegal to work if your authorization has lapsed.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a three- to four-week processing time for correct and complete renewal applications.

Biennial Authorization Renewal: \$60.00

- I have not yet renewed my RN license
- I have renewed my RN license online
- I have renewed my RN license by paper application

Alaska Certified Registered Nurse Anesthetist (CRNA) Authorization Number:

Full Legal Name:

NAME CHANGES: Document all legal name changes — if you have had a legal name change since your last license was issued, enclose a certified true copy of the legal document (marriage certificate, divorce decree, etc.), as proof of your name change and complete the name change affidavit.

Mailing Address:

This is an address change:

Contact Phone:

Birthdate:

EMAIL AGREEMENT: By choosing to receive correspondence on any matter affecting your license or other business with the Alaska Division of Corporations, Business and Professional Licensing by email, you agree to notify the Division in writing when your email address changes. You understand that failure to check your email address or to keep it in good standing may result in an inability to receive crucial information, potentially resulting in the inability to obtain or retain licensure.

Email Address:

- Send my Correspondence by US Mail
- Send my Correspondence by Email

SOCIAL SECURITY NUMBER: As required by state law, please provide your United States Social Security Number. It is considered CONFIDENTIAL information and is not for public disclosure; it may be used to verify inter-state licensure. (AS 08.01.100)

Current Specialty Certification:

Do you have proof of current national specialty certification/recertification as required by 12 AAC 44.540?

- YES**, I have proof of current national specialty certification/recertification as required by 12 AAC 44.540 and will submit a copy to the Division.
- NO**, I do not have proof of current national specialty certification/recertification as required by 12 AAC 44.540. (You must have a current national certification in order to renew)

Prescriptive Authority:

To renew your prescriptive authority attach copies of certificates verifying completion of at least twelve (12) contact hours of advanced pharmacotherapeutics and twelve (12) contact hours of continuing education in clinical management of patients relating to the administration of anesthesia during the period of December 1, 2014 through November 30, 2016.

Your prescriptive authority will not be renewed unless proof of acceptable continuing education is submitted to the Division.

Please chose ONE of the following:

- YES**, I wish to renew my prescriptive authority **AND** I will submit proof of acceptable continuing education.
- NO**, I do **NOT** currently have prescriptive authority **AND** do not want it for the next licensing period.
- NO**, I do **NOT** wish to renew my prescriptive authority for the legend drugs and controlled substances.

WARNING: The Division may deny, suspend or revoke the license or registration of a person who has obtained or attempted to obtain a license or registration by fraud or deceit. The person may also be subject to criminal charges for unsworn falsification. (AS 11.56.210)

Applicant's Signature:**Date:**

12 AAC 44.315. LICENSE RENEWAL. (a) A practical nurse license must be renewed biennially on or before September 30 of even-numbered years. A registered nurse license, advanced nurse practitioner authorization, and certified registered nurse anesthetist authorization must be renewed biennially on or before November 30 of even-numbered years. A renewal reminder document will be mailed to each currently licensed nurse at least 60 days before the renewal date.

(b) A license not renewed on or before the last day of the biennial licensing period lapses on the first day of the new licensing period. An applicant whose license has lapsed must meet the requirements under 12 AAC 44.317.

12 AAC 44.540. RENEWAL OF CERTIFIED REGISTERED NURSE ANESTHETIST AUTHORIZATION. An applicant for renewal of a Certified registered nurse anesthetist authorization must submit to the board

- (1) a completed renewal application on a form provided by the department;
- (2) certification that the applicant
(A) holds a current certified registered nurse anesthetist national certification;
(B) if the applicant holds prescriptive authority under 12 AAC 44.525, has completed the continuing education required under 12 AAC 44.525(e); and
(3) the biennial certified registered nurse anesthetist authorization renewal fee established in 12 AAC 02.280.

12 AAC 44.525. CERTIFIED REGISTERED NURSE ANESTHETIST PRESCRIPTIVE AUTHORITY. (a) The board may authorize a certified registered nurse anesthetist to prescribe legend drugs and schedule II through V controlled substances in accordance with applicable state and federal laws.

(b) A certified registered nurse anesthetist who applies for authorization to prescribe drugs must

- (1) be currently authorized as a certified registered nurse anesthetist in the state;
- (2) provide evidence of completion, during the two-year period immediately before the date of application, of 15 contact hours of education in advanced pharmacology related to the administration of anesthesia; and
- (3) submit a completed application as required in 12 AAC 44.500(a)(6) accompanied by the application fee established in 12 AAC 02.280.

(c) An authorized prescription by a certified registered nurse anesthetist must

- (1) comply with all applicable state and federal laws; and
 - (2) be signed by the prescriber with the initials "CRNA" and the prescriber's identification number assigned by the board.
- (d) The board may terminate prescriptive authorization if the certified registered nurse anesthetist has
- (1) not maintained current authorization as a certified registered nurse anesthetist;
 - (2) prescribed outside the certified registered nurse anesthetist's scope of practice or for other than therapeutic purposes; or
 - (3) violated any provision of state or federal statutes and regulations pertaining to nursing practice.

(e) A certified registered nurse anesthetist prescriptive authority must be renewed biennially with the certified registered nurse anesthetist authorization. The renewal application must include the applicant's certification of completion, during the previous two years, of 12 contact hours of continuing education in advanced pharmacotherapeutics and 12 contact hours of continuing education in clinical management of patients. These 24 hours of continuing education may also be counted as part of the continuing education hours described in 12 AAC 44.610(a)(3).

! General Information

APPLICATION PROCESSING:

The average time to process an application is 3-4 weeks from the date it is received in this office, complete with all correct forms and supporting documents and appropriate fees paid. If the application is incomplete, the applicant will be notified of the incomplete and/or incorrect documents and fees. If the application is not complete, a status letter will be sent to you. Start the process far enough in advance to allow for processing time. Applications are reviewed in order of receipt in our office, and walk-in customers should not expect immediate review. Your CRNA authorization will lapse on 11/30/2016. THERE IS NO GRACE PERIOD.

LICENSE TERM:

There is no "inactive" status. If you choose not to renew your license, it will lapse. Licenses are issued for a two-year period and expire on November 30 of even-numbered years, regardless of the date of issuance, except licenses issued within 90 days of the expiration date are issued to the next biennial expiration date. One renewal notice will be mailed at least 30 days before license expiration to the last known address of record. If your program offers temporary licenses, they are issued for either 30 consecutive days or until the end of the calendar year, whichever period is shorter.

"YES" RESPONSES:

A "Yes" response in the application does not mean your application will be denied. If you have responded "Yes" to any professional fitness questions in the application, be sure to submit a signed and dated explanation, and both charging and closing court documentation.

DENIAL OF APPLICATION:

Please be aware that the denial of an application of licensure may be reported to any person, professional licensing board, federal, state, or local governmental agency, or other entity making a relevant inquiry or as may be required by law.

RANDOM AUDIT:

If your program requires continuing education, the Division will audit a percentage of the license renewals. If your license is randomly selected for audit, you will be sent a letter and required to submit copies of documentation and proof that you satisfied the continuing competency requirements as you stated on this renewal form. Please note that licensees are randomly selected by computer and may be randomly selected as often as the computer program chooses. You must save your documents for at least four years so you can respond to audits.

ADDRESS OR NAME CHANGE:

In accordance with 12 AAC 02.900, it is the applicant's/licensee's responsibility to notify the Division, in writing, of changes of address or name. Name and address change notification forms are available on the Division's website. The address of record with the Division will be used to send renewals and all other official notifications and correspondence. The name appearing on the license must be your current legal name.

CERTIFIED TRUE COPIES:

If any of the required documents will be issued under a former name, indicate on the application and submit marriage license and/or court documents that are notarized as a "certified true copy of the original document".

SOCIAL SECURITY NUMBERS:

AS 08.01.060 and 08.01.100 require that a U.S. Social Security Number be on file with the division before a professional license is issued or renewed for an individual. If you do not have a U.S. Social Security Number, please complete the Request for Exception from Social Security Number Requirement form located at ProfessionalLicense.Alaska.gov or contact the Division for a copy of the form.

SPECIAL ACCOMMODATIONS FOR EXAMINATION:

Programs under the jurisdiction of the Division of Corporations, Business and Professional Licensing are administered in accordance with the Americans with Disabilities Act. If you require a special accommodation when taking the licensing examination, you must submit an *Application for Examination Accommodations for Candidates with Disabilities form* (08-4214).

PUBLIC INFORMATION:

Please be aware that all information on the application form will be available to the public, unless required to be kept confidential by state or federal law. Information about current licensees, including mailing addresses, is available on the Division's website at ProfessionalLicense.Alaska.gov under License Search.

ABANDONED APPLICATIONS:

Under 12 AAC 02.910, an application is considered abandoned when 12 months have elapsed since correspondence was last received from or on behalf of the applicant. An abandoned application is denied without prejudice. At the time of abandonment, the Division will send notification to the last known address of the applicant, who has 30 days to submit a written request for a refund of biennial license and other fees paid. The application fee will not be refunded. If no request for refund is received within that timeframe, no refund will be issued and all fees will be forfeited.

PAYMENT OF CHILD SUPPORT AND STUDENT LOANS:

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, or if the Alaska Commission on Postsecondary Education has determined you are in loan default, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900, or the Postsecondary Education office at (907) 465-2962 or (800) 441-2962 to resolve payment issues.

BUSINESS LICENSES:

The status of a professional license will directly impact the status of an associated business license. Renewal applications for business licenses are mailed separately. For more information about business licenses, call (907) 465-2550 or online at: BusinessLicense.Alaska.gov

STATUTES AND REGULATIONS:

The complete set of statutes and regulations for this program are available by written request or online at the Division's website: ProfessionalLicense.Alaska.Gov

If you would like to receive notice of all proposed regulation changes for your program, please send a request in writing with your name, preferred contact method (mail or email), and the program you want to be updated on to:

REGULATIONS SPECIALIST
Email: RegulationsAndPublicComment@Alaska.Gov
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
P.O. Box 110806
Juneau, Alaska 99811-0806



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Division of Corporations, Business and Professional Licensing

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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500, Anchorage, AK 99501
Phone: (907) 269-8161

CREDIT CARD PAYMENT

For security purposes please **do not email** credit card information. Mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: _____

Type of License: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply):

Amount

Application Fee: _____

License or Renewal Fee: _____

Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

Total: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone: _____ Email (optional): _____

Credit Card Type: VISA — or — Mastercard

→ **Signature of Credit Card Holder:** _____

.....
VISA or Mastercard Number: _____ **Expiration Date:** _____

This section below the dotted line will be destroyed upon processing of the payment.