



THE STATE

of **ALASKA**

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

**Board of Nursing**

550 West 7<sup>th</sup> Avenue, Suite 1500

Anchorage, AK 99501

Phone: (907) 269-8161 ★ Fax: (907) 269-8196

Email: [license@alaska.gov](mailto:license@alaska.gov)

Website: [www.nursing.alaska.gov](http://www.nursing.alaska.gov)

Send electronic transcripts to: [boardofnursing@alaska.gov](mailto:boardofnursing@alaska.gov)

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## CERTIFIED REGISTERED NURSE ANESTHETIST APPLICATION

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If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version. To ensure you have the official version, please contact the Division.

**To practice as a CRNA, you must first be licensed as an RN in Alaska.** An RN must be authorized to practice as an CRNA, or to use the title in the State of Alaska, by the Board of Nursing (12 AAC 44.400). As defined by statute, AS 08.68.410(7), a Certified Registered Nurse Anesthetist means a registered nurse authorized to practice in the state who, because of specialized education and experience, is certified to select and administer anesthetic and give anesthesia care under regulations adopted by the board.

### APPLICATION PROCEDURES – 12 AAC 44.500

The following must be submitted before your application can be reviewed:

1. Completed application form, signed and notarized.
2. Check or money order made payable to the STATE OF ALASKA (see application for fee schedule):
3. Certified transcript sent directly from an educational program evidencing successful completion of a graduate educational program prescribed by a school of nurse anesthesia accredited by a nationally recognized accrediting agency approved by the United States Department of Education and the Board of Nursing.
4. Certified true copy of current national certification or recertification.
5. Written practice guidelines applicable to your practice in an Alaskan facility (form enclosed).
6. Reference form (enclosed) completed by one of the three persons listed as professional references on your application.
7. Certified true copy of current registered nurse anesthetist license or authorization in another state or jurisdiction (applicable if applying for a temporary permit).
8. FOR PRESCRIPTIVE AUTHORITY (which includes controlled substances): Submit copies of certificates reflecting 15 contact hours of advanced pharmacology relating to the administration of anesthesia obtained within the past two years.

“Certified true copy” means a copy of a document that includes a statement of certification, signed under penalty of unsworn falsification before a notary public that the document is a true copy of the original document.

### TEMPORARY PERMITS – 12 AAC 44.530

A nonrenewable temporary permit may be issued to an applicant who holds a current license to practice as a registered nurse in Alaska and is either currently certified as a registered nurse anesthetist in another state or jurisdiction, has been accepted to take the next national certifying examination, or is awaiting certification results.

Applicants scheduled to take the next national certifying examination or awaiting certification results must comply with items 1-3, 5-7, and 8 (if applicable) listed above, and submit a copy of the document indicating that you have qualified for, or are awaiting the results of, the national certifying examination. **IMPORTANT:** If you fail to successfully pass the certification examination on the first attempt, you must notify the board and surrender your nonrenewable permit to the board within 48 hours of receiving notification of failure.

Applicants currently certified as a CRNA in another state or jurisdiction must comply with items 1-7, and 8 (if applicable) listed above.

The holder of a temporary permit may practice only under the medical director of an anesthesia service, an anesthesiologist, or a certified registered nurse anesthetist. Refer to 12 AAC 44.530 for valid length of permit.

## **PRESCRIPTIVE AUTHORITY – 12 AAC 44.525**

A Registered Nurse Anesthetist may apply to the Board of Nursing for authorization to prescribe legend drugs and Schedule 2 – 5 controlled substances. All prescriptions shall comply with applicable state and federal laws. Prescriptions shall be signed by the prescriber with the initials “CRNA” and the prescriber’s identification number assigned by the Board. (See 12 AAC 44.525.)

CRNAs are limited to prescriptive authorization appropriate to their scope of practice. Prescriptive authority will be terminated in accordance with the Administrative Procedure Act if the CRNA has prescribed outside the CRNA scope of practice or for other than therapeutic purposes; or violates any provision of state or federal statutes and regulations pertaining to nursing practice or prescribing.

**CRNAs already authorized to practice in Alaska who want to receive prescriptive authority must complete the first two pages of the application, pay the \$50.00 prescriptive authorization fee, and submit copies of certificates reflecting 15 hours of education in advanced pharmacology related to the administration of anesthesia obtained within the two-year period preceding the date of the application.**

NOTE: Contact the Drug Enforcement Administration, U.S. Department of Justice, 400 Second Avenue West, Seattle, Washington 98119, (888) 219-1418, for an application for a DEA identification number. The DEA will not issue a number until you have been issued an authorization with prescriptive authority in the state of practice.

Prescriptive authority will be renewed biennially by providing documentation of 12 contact hours of advanced pharmacotherapeutics and 12 contact hours of clinical management of patients relating to the administration of anesthesia (12 AAC 44.525(e) and 12 AAC 44.540).

## **SCOPE OF PRACTICE**

To ensure available nurse anesthesia to the Alaskan public in accordance with the standards set forth by the national certifying board for nurse anesthetists, a certified registered nurse anesthetist in Alaska is authorized within the scope of his or her educational preparation to perform procedures outlined by the American Association Nurse Anesthetist Guidelines for the Practice of the Certified Registered Nurse Anesthetist (12 AAC 44.510).

A copy of the AANA Guidelines for the Practice of the Certified Registered Nurse Anesthetist can be obtained from the:

**American Association of Nurse Anesthetists  
222 South Prospect Avenue  
Park Ridge, Illinois 60068-4001  
(847) 692-7050**

## **APPLICATION PROCESS**

Applications are processed in the date order of receipt. Please allow four weeks for the processing of properly completed applications. You will be notified, in writing, of application deficiencies or application approval.

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

## **RENEWAL INFORMATION**

All registered nurse and certified registered nurse anesthetist authorizations lapse on November 30 of even-numbered years regardless of when first issued, except that new licenses and authorizations issued within 90 days of the expiration date will be issued with an expiration date through the next biennium. A CRNA authorization will not be renewed until the licensee’s RN license has been renewed.

You **MUST** maintain national certification and hold current certification to renew your CRNA authorization along with completing applicable continuing education.

A renewal notice will be mailed at least 60 days before the license expiration date. Failure to receive a renewal notice does not relieve a licensee of the responsibility to renew by November 30th.

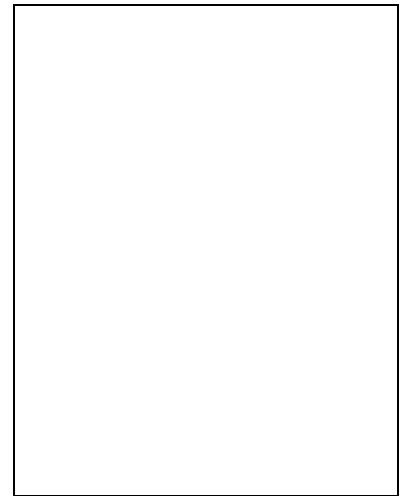
## **BUSINESS LICENSE INFORMATION**

All professional license holders, including nurses, who are conducting business or offering services in Alaska and who are not considered an employee, must hold a business license. Please contact the Division of Corporations, Business and Professional Licensing at (907) 465-2550 for more information.



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CERTIFIED REGISTERED NURSE ANESTHETIST AUTHORIZATION APPLICATION

- Application fee options: \$50.00 Non-refundable Application Fee, \$50.00 Prescriptive Authority/Controlled Substances Fee, \$60.00 Initial CRNA Authorization Fee, \$50.00 Temporary Permit

Alaska RN License No. Alaska RNA License No. Application in Progress

1. Name: Last First MI Maiden

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

3. Social Security No. Date of Birth: Daytime Telephone No.: Required by AS 08.01.060

E-mail Address: (Please complete legibly if you prefer to be notified of initial application status via e-mail.)

4. NURSE ANESTHESIA PROGRAM

Name of School:

City and State:

Dates Attended: From to

5. NATIONAL CERTIFICATION

Are you certified by a national certifying body?:

- YES/NO options with Date Certified and Name of Certifying Body fields

If applying for a nonrenewable temporary permit while scheduled to take the exam or awaiting exam results, give name, sites of practice, and address of supervisor.

Supervisor:

Site:

Address:

6. NURSE ANESTHETIST EXPERIENCE (List immediate past five years experience, most recent first)

Employer Name/Address	Location	Dates	
		From	To

7. PRESCRIPTIVE AUTHORITY - 12 AAC 44.525

- a. Do you want prescriptive authority?  YES  NO (If you answered "Yes", please complete 7b.)
- b. List 15 contact hours of education in ADVANCED pharmacology related to the administration of anesthesia within the two-year period immediately before the date of this application. (Submit proof of attendance.)

Course Title/Content	Hours/Academic Credit	Date(s)

8. PROFESSIONAL REFERENCES

List names and addresses, including zip code. (Send enclosed reference form to one of the three listed below.)

Name	Address
1.	
2.	
3.	

Applications without the appropriate attachments will be considered incomplete and will not be processed. All information supplied with this application will be considered "public" information unless required to remain confidential by law. Information about licensees, including mailing addresses, is available from the Division's website at <http://commerce.alaska.gov/dnn/cbpl/ProfessionalLicensing.aspx> under License Search.

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

**SIGN HERE**   
In the presence of a notary

\_\_\_\_\_  
Signature of Applicant

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**SIGN HERE** 

\_\_\_\_\_  
Signature of Notary Public  
Notary Public in and for the State of \_\_\_\_\_

NOTARY SEAL

My Commission Expires: \_\_\_\_\_

**WARNING: The Alaska Board of Nursing may deny, suspend, or revoke the license of a person who has obtained or attempted to obtain a license to practice nursing by fraud or deceit. The person may also be subject to criminal charge for perjury or unsworn falsification. (AS 11.56.210 and AS 11.56.230)**



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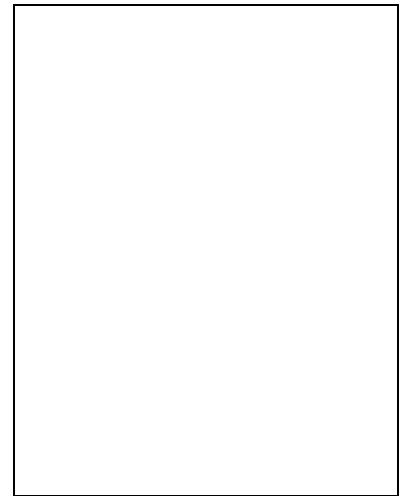
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CERTIFIED REGISTERED NURSE ANESTHETIST WRITTEN PRACTICE GUIDELINES

I. Site of Clinical Practice (Name, Address, and Telephone Number)

Three horizontal lines for writing the site of clinical practice details.

II. Collaboration and Communication

A.

Four horizontal lines for writing collaboration and communication details under section A.

B.

Four horizontal lines for writing collaboration and communication details under section B.

III. Quality Assurance

Eight horizontal lines for writing quality assurance details.

USE ADDITIONAL PAGE(S) IF NECESSARY

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## **CERTIFIED REGISTERED NURSE ANESTHETIST WRITTEN PRACTICE GUIDELINES**

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WRITTEN PRACTICE GUIDELINES: According to 12 AAC 44.500(a)(4), you must submit written guidelines, developed with appropriate health care professionals, which must:

- A. conform to criteria established by the board;
- B. include a method for quality assurance.

### **I. SITE OF CLINICAL PRACTICE**

State the primary physical location of your anesthesia practice. If you accept temporary assignments, so indicate and provide the locations if known in advance.

### **II. COLLABORATION AND COMMUNICATION**

- A. Indicate the name of the anesthesiologist, physician, or dentist with whom you most frequently consult. For some CRNAs, this may be an anesthesiologist and for others, it may be the physician designated as director of anesthesia services or the primary physician who performs surgery at the location where you practice.
- B. Specifically describe the lines of communication used for consulting on cases with physicians. Include the preoperative, perioperative, and postoperative periods. Indicate the procedure used to transfer care of a patient to personnel responsible for post-anesthesia care.

### **III. QUALITY ASSURANCE**

- A. Describe in detail the process for quality assurance used to evaluate your practice. The process must include the following elements:
  - 1. Use of standards and criteria which applies to your area of practice.
  - 2. Concurrent or retrospective review of practice.
  - 3. Written evaluation of review with a plan for corrective action if indicated and a plan for follow-up.
- B. Review should focus on areas of practice where patient care problems are suspected or have been identified.

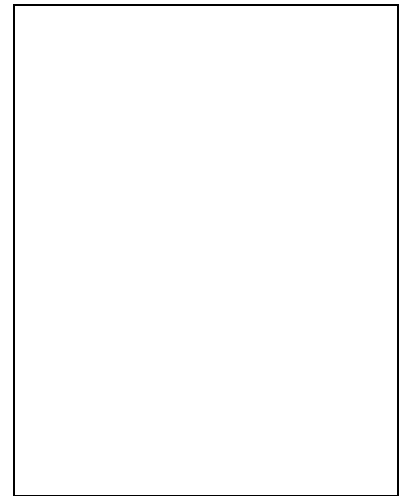


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CERTIFIED REGISTERED NURSE ANESTHETIST REFERENCE FORM

APPLICANT NAME: Last First MI

Please answer the questions listed below on behalf of the above-named CRNA applicant and return to the address at the top of this form. Thank you for your cooperation.

TO BE COMPLETED BY REFERENCE

- 1. How long, how often and in what capacity did you observe the applicant in the practice of nurse anesthesia?
2. Please give your rating of applicant's competence in nurse anesthesia: Excellent Good Fair Poor
3. Do you recommend this applicant for authorization as a Certified Registered Nurse Anesthetist? Yes No
4. Please provide a statement regarding the applicant's competency and ability to practice as a Certified Registered Nurse Anesthetist.

Signature Date

Printed Name

Title

Agency

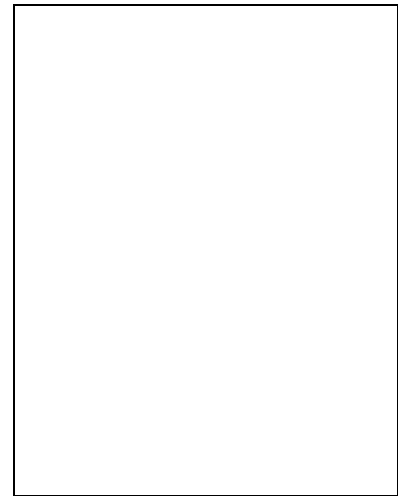
Address - City/State/Zip Code

Telephone Number



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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.

Two horizontal lines for providing CRNA Prescribing Experience details.

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: