



APPLICATION CHECKLIST FOR AUTHORIZATION TO PRACTICE AS A CERTIFIED REGISTERED NURSE ANESTHETIST OR TO HAVE PRESCRIPTIVE AUTHORITY

In accordance with AS 08.68 and 12 AAC 44.500-530, the Board of Nursing authorizes that an authorization to practice as a certified registered nurse anesthetist or to have prescriptive authority be issued to an applicant whose application meets the qualifications listed below. An application that does not meet the qualifications listed below must be reviewed further by the board to determine if the applicant is qualified for authorization to practice as a certified registered nurse anesthetist or to have prescriptive authority.

Name of Applicant _____

Applying for:

- _____ authorization to practice as a certified registered nurse anesthetist (receipt # _____).
- _____ temporary authorization to practice as a certified registered nurse anesthetist
- _____ prescriptive authority for legend drugs and controlled substances

PART I. TEMPORARY PERMIT TO PRACTICE AS A CERTIFIED REGISTERED NURSE ANESTHETIST

An applicant is qualified to receive a nonrenewable permit under 12 AAC 44.530 to practice as a certified registered nurse anesthetist if the applicant:

- _____ (1) has met the qualifications in (1), (2), (4), (5), (6), and (7) in part II below;
- _____ (2) has (a) been accepted to take the next scheduled certified registered nurse anesthetist examination; (b) is awaiting results of the certified registered nurse anesthetist examination; or (c) is currently certified as a registered nurse anesthetist in another state or jurisdiction with requirements at least equivalent to those in Alaska.

Comments:

Authorized Representative, Board of Nursing

Date Reviewed

CRNA Permit Number _____ Issue Date _____ Expiration Date _____

PART II. AUTHORIZATION TO PRACTICE AS A CERTIFIED REGISTERED NURSE ANESTHETIST

An applicant is qualified for authorization under 12 AAC 44.500 to practice as a certified registered nurse anesthetist if the applicant has met the following requirements:

- _____ (1) is currently licensed as a registered nurse in Alaska (license # _____);
- _____ (2) has submitted an official copy of the applicant's transcript sent directly from the school showing successful completion of an educational program recognized by the board as meeting the requirements in 12 AAC 44.500(1);
- _____ (3) has submitted evidence of current national certification or recertification.
- _____ (4) has submitted written practice guidelines that include
 - _____ (A) the primary physical location of the applicant's anesthesia practice and the location of any temporary assignments known in advance;
 - _____ (B) the name of the anesthesiologist, physician, or dentist with whom the applicant will most frequently collaborate;
 - _____ (C) a description of the applicant's communication plan for collaborating on cases with physicians during the preoperative, perioperative, and postoperative periods;
 - _____ (D) a description of the applicant's procedure for transferring care of a patient to personnel responsible for postanesthesia care;
 - _____ (E) the process for quality assurance the applicant will use to evaluate the applicant's practice, including
 - _____ (i) the use of standards that apply to the area of practice;
 - _____ (ii) present or past review of the practice;
 - _____ (iii) a written evaluation of the quality assurance review with a plan for corrective action, if indicated, and follow up;
- _____ (5) has submitted a fully completed application form that includes;
 - (i) the names and addresses of three professionals who may be contacted as references;
 - (ii) one fully completed and signed reference form from one of the three professional references that indicates the applicant is competent to practice; and
 - (iii) the applicant's notarized signature certifying that the information on the form is correct to the best of the applicant's knowledge;
- _____ (6) paid the application fee and initial biennial authorization fee required in 12 AAC 02.280.
- _____ (7) has no discipline reported on Healthcare Integrity & Protection Data Bank (HIPDB) or National Practitioner Data Bank (NPDB) databases.

Comments:

Authorized Representative, Board of Nursing

Date Reviewed

CRNA Authorization Approved: YES NO Issue Date _____

PART III. PRESCRIPTIVE AUTHORITY

An applicant is qualified to receive authorization under 12 ACC 44.440 to prescribe and dispense legend and controlled substances if the applicant:

- _____ (1) is currently designated as a certified registered nurse anesthetist in the state;
- _____ (2) provides evidence of completion of 15 contact hours of education in advanced related to the administration of anesthesia within the two year period immediately before the date of application;
- _____ (3) submits a completed, notarized application as required in (5) of the list in part II above.
- _____ (4) pays the prescriptive authority application fee required in 12 AAC 02.280.

Comments: _____

Approved for Prescriptive Authority: YES NO Issue Date _____

Authorized Representative, Board of Nursing

Date Reviewed