



ALASKA BOARD OF NURSING
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
550 West 7th Avenue, Suite 1500
Anchorage, Alaska 99501-3567
E-mail: license@alaska.gov

REGISTERED NURSE ANESTHETIST – BIENNIAL RENEWAL
December 1, 2006 – November 30, 2008

RNA Authorization: \$75.00

Make check or money order payable to:
State of Alaska

Your Registered Nurse Anesthetist Authorization expires simultaneously with your Registered Nurse license (November 30, 2006). Your RN license must be renewed before your RNA Authorization may be renewed. Your RN renewal form was sent under separate cover. Please complete this form and return with appropriate fees. (Note: On-line renewal is not available for RNA Authorization.)

- 1. Name Last First Middle Initial
\*If your name changed, please submit the "Name Change Affidavit" form provided with the RN renewal.
2. Mailing Address - Street or P.O. Box (Please make corrections only if your address is different than address on label shown above.)
City State Zip Code
3. Social Security Number Date of Birth Day Phone No.
(Required) (Optional)
4. Did you renew your RN license on-line? Yes No

RENEWAL REQUIREMENTS:

Current Specialty Certification:

You must attach a copy of your current National Certification or Recertification Card. The card, usually wallet-sized, must reflect current certification beyond November 30, 2006.

I have attached proof of current national certification as required by 12 AAC 44.540: Yes No

Prescriptive Authority:

To renew your Prescriptive Authority attach copies of certificates verifying completion of at least eight (8) contact hours of advanced pharmacology relating to the administration of anesthesia during the period of December 1, 2004 through November 30, 2006.

Your prescriptive authority will not be renewed unless proof of acceptable continuing education is attached.

I wish to renew my prescriptive authority? Yes No

I have attached proof of acceptable continuing education: Yes No

WARNING: Grounds for denial, suspension, or revocation: The board 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 charges for perjury or unsworn falsification under AS 11.56.200-.210.

I certify under penalty of unsworn falsification that the information furnished in this application is true and correct.

SIGN AND DATE HERE Signature Date

**12 AAC 44.540. RENEWAL AND REINSTATEMENT OF AUTHORIZATION.** (a) An applicant for renewal of a registered nurse anesthetist authorization shall submit to the board

- (1) completed renewal application on a form provided by the department;
- (2) evidence of current national recertification;
- (3) documentation of eight contact hours of pharmacology required under 12 AAC 44.525(f), if the applicant holds prescriptive authority under 12 AAC 44.525;

(4) the biennial authorization renewal fee established by 12 AAC 02.280.

(b) Renewal of authorization to practice as a registered nurse anesthetist will coincide with the renewal of the applicant's registered nurse license under 12 AAC 44.315.

(c) The board will reinstate an authorization to practice as a registered nurse anesthetist that has lapsed five years or less, if the applicant submits

- (1) a completed application for reinstatement, on a form provided by the department;
- (2) evidence of compliance with (a)(2) of this section;
- (3) evidence of compliance with (a)(3) of this section if reinstating prescriptive authority;
- (4) the biennial authorization fee established by 12 AAC 02.280.

(d) An applicant for reinstatement of a registered nurse anesthetist authorization who has not maintained continuing education or national certification under 12 AAC 44.525 and 12 AAC 44.540 during a biennial licensing period may provide evidence of continued national certification and continuing education credits after the expiration date of the license. However, the authorization or reauthorization will not be reinstated until the board receives proof of the national certification and continuing education credit. Credits or hours used for reinstatement under this subsection may not be used to satisfy the continuing education requirements for the next biennial licensing period.



State of Alaska  
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 Division of Corporations, Business and Professional Licensing  
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OFFICE USE ONLY

**CREDIT CARD PAYMENT**

For security purposes, please **do not email** credit card information. Fax or mail this form to the Division. Completion of this form is not proof of payment until the division processes the information contained herein. If any information on this form is illegible, the form will be rejected. Please print.

Name of Applicant or Licensee: \_\_\_\_\_  
*Corporate or Individual (first, middle, last)*

License Number (if applicable): \_\_\_\_\_

Type of License: \_\_\_\_\_

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

- |   | Amount |
|---|--------|
| <input type="checkbox"/> Application fee          | _____  |
| <input type="checkbox"/> License (or renewal) fee | _____  |
| <input type="checkbox"/> Fine                     | _____  |
| <input type="checkbox"/> Other (specify): _____   | _____  |

**Total:** \_\_\_\_\_

Print Name on Credit Card: \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Signature of Credit Card Holder:** \_\_\_\_\_

Credit Card Type (check one):       VISA                       MASTERCARD

Card Number: \_\_\_\_\_

Please provide the 3-digit security code number from the back of the card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_