



**ALASKA BOARD OF NURSING**  
**DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT**  
**DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING**  
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## 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If you received this application other than directly from the Division or its official website, the application may be outdated or not an official version.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 an 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 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 authorized 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 surrender your nonrenewable permit to the board within 48 hours of receiving notification of failure.

Applicants currently certified as an RNA 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 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 “RNA” and the prescriber’s identification number assigned by the Board. (See 12 AAC 44.525.)

RNAs 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 RNA has prescribed outside the RNA 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.

**RNAs 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 8 contact hours during the prior two years of advanced pharmacology relating to the administration of anesthesia (12 AC 44.525(f) 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 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 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. An RNA 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 RNA 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.

**NUR**

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**REGISTERED NURSE ANESTHETIST AUTHORIZATION APPLICATION**

- \$ 50.00 Non-refundable Application Fee
- \$ 60.00 Initial RNA Authorization Fee
- \$ 50.00 Prescriptive Authority/Controlled Substances Fee
- \$ 50.00 Temporary Permit by Exam

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 (If you are a foreign citizen unable to obtain a U.S. Social Security Number, contact the division for further instructions.)

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 Date Certified: \_\_\_\_\_

Name of Certifying Body: \_\_\_\_\_

NO If "No," have you been accepted to take or have you taken a national certifying exam?  YES  NO

If applying for a nonrenewable permit while scheduled to take the exam or awaiting exam results, give name, sites of practice, and address of supervisor. (You must also attach a letter from certifying body regarding examination status.)

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: [www.commerce.state.ak.us/occ](http://www.commerce.state.ak.us/occ) under "Professional 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 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** +

NOTARY SEAL

\_\_\_\_\_

Signature of Notary Public

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

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



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

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WRITTEN PRACTICE GUIDELINES: According to 12 AAC 44.500(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; and
- C. be kept current and be provided to the board any time upon request.

### **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 collaborate. For some RNAs, 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 collaborating 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.

The Alaska Board requires that the RNA keep the written practice guidelines up-to-date and in conformance with Board regulation. Failure to do so may result in revocation of authority to practice as an RNA.



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## REGISTERED NURSE ANESTHETIST REFERENCE FORM

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**APPLICANT NAME:** \_\_\_\_\_  
Last First MI

Please answer the questions listed below on behalf of the above-named RNA applicant and return to the address at the top of this form.

Thank you for your cooperation.

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### 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 Registered Nurse Anesthetist?

Yes     No

4. Please provide a statement regarding the applicant's competency and ability to practice as a Nurse Anesthetist.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address - City/State/Zip Code

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