

Nevada State Board of **NURSING**

Application for Certified Registered Nurse Anesthetist

Return to: Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6547
(888) 590-6726 | fax (775) 687-7707 | www.nevadanursingboard.org

To practice as a CRNA in Nevada, you must hold an active Nevada RN license and Nevada CRNA certificate. Submit the completed application, including:

- A copy of your current AANA certification or NBCRNA certification showing a valid expiration date.
- An official transcript from your CRNA program sent directly to the Board from your school.
- \$200 nonrefundable fee.
- Completed fingerprint card and fee, unless you have submitted fingerprints for Nevada RN licensure within the past six months.

New Graduate Endorsement

First Name Middle Name Last Name

Social Security # Date of Birth Place of Birth Telephone # Email Address

Address (if you move, please notify the Board immediately, in writing, or via the Board's website) Apt. #

City State ZIP Male Female

Section 1. Educational Preparation (Please list all educational preparation, with the highest level first. Attach a separate piece of paper if necessary.)

If you graduated from a program after June 1, 2005, you must hold a master's degree in nursing or anesthetic care.

School	City/State	Major	Degree	Grad Date

Section 2. Basic Qualifications

Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>	<p>Completed nurse anesthetist program after June 1, 2005 I affirm (swear) that I have completed a program designed to prepare a certified registered nurse anesthetist and I hold a master's degree in nursing or anesthetic care.</p>
Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>	<p>Completed nurse anesthetist program after June 1, 1988 I affirm (swear) that I have completed a program designed to prepare a certified registered nurse anesthetist and I hold a bachelor's degree in nursing.</p>
Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>	<p>I affirm (swear) I have passed an AANA or NBCRNA certification examination. Date of exam _____ Date of recertification (if applicable) _____</p>
Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>	<p>I affirm (swear) I have applied to take an AANA or NBCRNA certification examination. Date exam scheduled _____</p>
Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/>	<p>I affirm (swear) that I will take the first AANA or NBCRNA certification examination available and work under the direct supervision of a Nevada certified registered nurse anesthetist until I have passed the AANA or NBCRNA certification examination.</p>

Section 3. Eligibility Screening Questions

(If you answer "Yes" to any question below, you **MUST** submit the required documents to avoid delays in processing your application).

Yes <input type="radio"/>	No <input type="radio"/>	<p>1. Has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration):</p> <ol style="list-style-type: none"> Ever been denied or disciplined by a regulatory Board including but not limited to reprimanded, censured, fined, suspended, revoked, surrendered, limited or restricted, or placed on probation or monitoring? Ever been subject to a non-disciplinary probation or monitoring program? AND/OR Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction? <p><i>If any answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"> A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.
Yes <input type="radio"/>	No <input type="radio"/>	<p>2. Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p><i>If the answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"> A detailed letter of explanation including the events leading to your conviction; and Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole or Probation Officer, etc.) or a letter/form from the court indicating no records are available.
Yes <input type="radio"/>	No <input type="radio"/>	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A letter of explanation that addresses the impairment or limitations of practice; and If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.
Yes <input type="radio"/>	No <input type="radio"/>	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan; Documentation from knowledgeable individual(s) documenting your length of sobriety; and Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).
Yes <input type="radio"/>	No <input type="radio"/>	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.
Yes <input type="radio"/>	No <input type="radio"/>	<p>6. Have you ever had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A detailed letter of explanation regarding the events leading to the suit; and A copy of the complaint and current status of the case.

Section 4. Military Status (You must submit a copy of your/your spouse's military issued DD214 or identification card in order to qualify for the reduced application fee. All applicants must answer the questions below; the reduced application fee applies to endorsement applications only)

Yes <input type="radio"/>	No <input type="radio"/>	I am an active United States military member or the spouse of an active United States military member.
Yes <input type="radio"/>	No <input type="radio"/>	I am a United States military veteran.
Yes <input type="radio"/>	No <input type="radio"/>	I am the spouse or the surviving spouse of a veteran.

It is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation.

Affirmation. All Applicants Must Complete

Yes <input type="radio"/>	No <input type="radio"/>	<p>I affirm (swear) that I have read this application and the statements made are true and correct. <i>If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.</i></p> <p>Signature _____ Date _____</p>
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Fee Payment

Application fee	\$200
Application fee including military discount	\$100
(Military discount applies to endorsement applications only and proper documentation must be included with the application)	
Please pay the application fee by credit card (Visa, MasterCard, Discover, or American Express), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing. U.S. Funds only.	
Please note: Your application will not be processed unless required payment is received.	

Before you submit your application, please make sure you

- Have answered ALL the questions in the top portion and Sections 1 through 4, and signed the Affirmation.
- Have included all required documentation.
- Have included the correct fee.
- Have included your current mailing address.
- If you have not submitted fingerprints for Nevada RN licensure within the previous six months, you must submit a completed fingerprint card according to fingerprint instructions.

If Paying By Credit Card, Please Complete

Choose one: Visa	MasterCard	Discover	American Express	Name on card
Card number	Exp. date	Amount \$200.00	\$100.00	

Additional Information Regarding Eligibility Screening Question #2

Important

- Even if you have been told a conviction has been expunged, sealed, dismissed, dropped, etc., it may still show up on your fingerprint report. **In such situations where you were NOT convicted, you may answer no to the question, and include a letter of explanation and court document indicating the outcome of the case with your application. This will prevent staff from asking about it upon receipt of your fingerprint results.**
- A Criminal Conviction is defined as being found guilty of a criminal offense in a court of law.
- You could have been convicted even if you didn't spend any time in jail.
- Criminal convictions include misdemeanors and felonies.
- If you answered "NO" to Question #2 and the Board finds you have a conviction, your application will be denied as a fraudulent application.
- If you answered "YES" to Question #2 and do not attach the required documents, your application will not be considered by the Board until you provide the documents.

The Nevada State Board of Nursing requires all applicants for nursing licenses and nursing assistant certificates to answer six screening questions. These questions address discipline in another state, criminal convictions, chemical dependency, medical and mental health conditions, and malpractice cases. In addition, all applicants must submit their fingerprints for an FBI and State of Nevada criminal background check.

Question #2 reads: **Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? If the answer is YES, you must attach to this application the following:**

a. A letter of explanation including the circumstances leading to the conviction, date of offense, actual conviction (i.e. DUI, theft, etc.), sentencing requirements, and current status of sentence;

b. Copies of court documents identifying actual conviction and sentence and current status of sentence (i.e. all fines paid in full, etc). If no documents are available, a letter from the court stating such;

If you answered "YES" to Question #2 and attach the required documents, the Board may accept or deny your application. The Board considers each application individually, using the guidelines below.

Board staff will evaluate each applicant for licensure/certification on the basis of evidence of rehabilitation and the potential/actual risk to the public. Board staff has the discretion to clear the following when all legal requirements have been met:

1. A singular felony conviction occurring more than ten (10) years ago;
2. The conviction(s) do not involve an offense involving moral turpitude, or related to the qualifications, functions or duties of a licensee or holder of a certificate.

All applications will be presented to the Board for acceptance, denial, or other action upon determining that the applicant is guilty of a felony within the previous ten years, or any offense involving moral turpitude or related to the qualifications, functions or duties of a licensee or holder of a certificate.

If your application is presented to the Board for consideration, you will receive written notice regarding the date, time and location of the Board meeting. You may appear before the Board to present information on your rehabilitation and reasons you believe the Board should accept your application. At that time, the Board may deny your application, which is reported as a disciplinary action, or the Board may accept your application, granting you a license or certificate, possibly with restrictions.

If you have one of the criminal convictions listed below (1-15) and the Nevada State Board of Nursing grants you a license or certificate, the Nevada State Health Division will *not* allow you to work in any capacity in a facility for intermediate care, facility for skilled nursing, home health care, or a residential facility for groups.

1. Murder, voluntary manslaughter or mayhem;
2. Assault with intent to kill or to commit sexual assault or mayhem;
3. Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;
4. Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;
5. A crime involving domestic violence that is punished as a felony;
6. A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years;
7. Abuse or neglect of a child or contributory delinquency;
8. A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, within the immediately preceding 7 years;
9. Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of [NRS 200.5091](#) to [200.50995](#), inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
10. A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;
11. A violation of any provision of [NRS 422.450](#) to [422.590](#), inclusive;
12. A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;
13. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;
14. Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or
15. An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years;

For questions on the Nevada State Board of Nursing's laws, regulations and policies regarding applicants with criminal convictions, please call toll free 1-888-590-6726.

For questions about the type of health care facilities in which you may work, please call the Nevada State Division of Health, Bureau of Health Care Quality and Compliance, in Carson City at 775-687-4475 and in Las Vegas at 702-486-6515.