

# 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 complete application, including:

- An official transcript from your CRNA program sent directly to the Board from your school,
- A copy of your current AANA certification or NBCRNA certification showing a valid expiration date,
- \$200 nonrefundable fee.

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"/> | <b>Completed nurse anesthetist program after June 1, 2005</b><br>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.                |
| Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> | <b>Completed nurse anesthetist program after June 1, 1988</b><br>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.                                 |
| Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> | I affirm (swear) I have passed an AANA or NBCRNA certification examination.<br>Date of exam _____ Date of recertification (if applicable) _____   |
| Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> | I affirm (swear) I have applied to take an AANA or NBCRNA certification examination.<br>Date exam scheduled _____   |
| Yes <input type="radio"/> | No <input type="radio"/> | N/A <input type="radio"/> | 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. |

I last practiced as a CRNA on this date? \_\_\_\_\_ In what state? \_\_\_\_\_

You must indicate a date and a **SINGLE** state. Phrases such as TODAY, CURRENTLY, PRESENTLY, STILL PRACTICING, etc. will cause a delay in processing your application.

### Section 3. Application 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"> <li>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?</li> <li>Ever been subject to a non-disciplinary probation or monitoring program? AND/OR</li> <li>Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction?</li> </ol> <p><i>If any answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"> <li>A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and</li> <li>Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.</li> </ol> |
| 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"> <li>A detailed letter of explanation including the events leading to your conviction; and</li> <li>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.</li> </ol>  |
| 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"> <li>A letter of explanation that addresses the impairment or limitations of practice; and</li> <li>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.</li> </ol>   |
| 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"> <li>A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan;</li> <li>Documentation from knowledgeable individual(s) documenting your length of sobriety; and</li> <li>Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).</li> </ol>  |
| 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"> <li>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</li> <li>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.</li> </ol>  |
| 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"> <li>A detailed letter of explanation regarding the events leading to the suit; and</li> <li>A copy of the complaint and current status of the case.</li> </ol>   |

**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 a United States military veteran   |
| Yes <input type="radio"/> | No <input type="radio"/> | I am the spouse of an active United States military member or surviving spouse of a veteran.   |
| Yes <input type="radio"/> | No <input type="radio"/> | Have you ever served on active duty in the Armed Forces of the United States and separated from such service under conditions other than dishonorable?"  |
| Yes <input type="radio"/> | No <input type="radio"/> | Have you ever been assigned to duty for a minimum of 6 continuous years in the National Guard or a reserve component of the Armed Forces of the United States and separated from such service under conditions other than dishonorable?"   |
| Yes <input type="radio"/> | No <input type="radio"/> | Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?" |

*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**

**I affirm (swear) that I have read this application and the statements made are true and correct.**  
*If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.*

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

**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**

Visa  MasterCard  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on card \_\_\_\_\_ Signature \_\_\_\_\_ Amount \$ \_\_\_\_\_