



CALIFORNIA BOARD OF REGISTERED NURSING GENERAL INSTRUCTIONS AND APPLICATION REQUIREMENTS REGARDING NURSE ANESTHETIST (NA) CERTIFICATION

GENERAL INSTRUCTIONS

I. General Application Requirements

Nurse Anesthetist certification eligibility requires the possession of a current, clear and active California RN license. The following must be submitted to the Board of Registered Nursing for Nurse Anesthetist certification purposes:

- 1. A completed Nurse Anesthetist Certification Application form (Pages 6 & 7).**
- 2. Nurse Anesthetist certification fee of \$500.00.**
- 3. One recent 2" x 2" passport type photograph.**
- 4. Required documentation to determine certification eligibility. Please refer to the application requirements for Nurse Anesthetist certification (Page 5).**

If you do not possess a current, clear and active California RN license and have never applied for a California RN license, an Application for California RN Licensure by Endorsement must also be submitted. If you have had a permanent California RN license, you must renew/reactivate the California RN license.

Nurse Anesthetist application fee is an earned fee; therefore, when an applicant is found ineligible the application fee is not refunded. Processing times for certification may vary, depending on the receipt of documentation from academic programs and associations/national organizations. Processing a Nurse Anesthetist certification application indicating disciplinary action(s) and/or voluntary surrender(s) may take longer. A pending application file is not a public record; therefore, an applicant must sign a release of information before the Board of Registered Nursing will release information to the public, including employers, relatives or other third parties. Once you are certified, your address of record must be disclosed to the public upon request. All requests for information are mandatory.

GENERAL INSTRUCTIONS (CONT'D)

II. Name and/or Address Changes

California Code of Regulations, Section 1409.1 requires that you notify the Board of Registered Nursing of all name and address changes within thirty (30) days of any change. You may call the Board of Registered Nursing regarding the change of address of record. If you have changed your name, please submit a letter of explanation regarding the requested name change plus applicable documentation such as a copy of a marriage certificate, divorce decree or a driver's license.

III. U.S. Social Security Number and Individual Taxpayer ID Number (ITIN)

Disclosure of your U.S. Social Security Number/ITIN is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c)(2)(C)) authorize collection of your U.S. Social Security Number/ITIN. Your U.S. Social Security Number/ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with Section 11350.6 of the Welfare and Institutions Code, or for verification of licensure, certification or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your U.S. Social Security Number/ITIN, your application for initial or renewal of licensure/certification will not be processed. You will be reported to the Franchise Tax Board, who may assess a \$100 penalty against you.

ALERT: Effective July 1, 2012, the Board of Registered Nursing is required to deny an application for licensure and to suspend the license/certification/registration of any applicant or licensee who has outstanding tax obligations due to the Franchise Tax Board (FTB) of the State Board of Equalization (BOE) and appears on either the FTB or BOE's certified lists of top 500 tax delinquencies over \$100.00. (AB 1424, Perea, Chapter 455, Statutes of 2011)

IV. Reporting ALL Discipline(s) and/or Voluntary Surrender(s) Against Licenses/Certificates

All disciplinary action(s) and/or voluntary surrender(s) against an applicant's clinical nurse specialist, registered nurse, practical nurse, vocational nurse or other professional license/certificate must be reported.

Failure to report prior disciplinary action(s) and/or voluntary surrender(s) is considered falsification of application and is grounds for denial of licensure/certification or revocation of license/certificate.

When reporting prior disciplinary action(s) and/or voluntary surrender(s), **applicants are required to provide a full written explanation of:** circumstances surrounding the disciplinary action(s) and/or voluntary surrender(s) and the date of disciplinary action(s) and/or voluntary surrender(s). State board determinations/decisions should also be included.

GENERAL INSTRUCTIONS (CONT'D)

NOTE: Applicants must also submit a description of the rehabilitative changes in their lifestyle which would enable them to avoid future occurrences.

To make a determination in these cases, the Board of Registered Nursing considers the nature and severity of the offense, additional subsequent acts, recency of acts or crimes, compliance with court sanctions and evidence of rehabilitation.

The burden of proof lies with the applicant to demonstrate acceptable documented evidence of rehabilitation. Examples of rehabilitation evidence include, but are not limited to:

- Recent dated letter from applicant describing rehabilitative efforts or changes in life to prevent future problems.
- Letters of reference on official letterhead from employers, nursing instructors, health professionals, professional counselors, parole or probation officers, or other individuals in positions of authority who are knowledgeable about your rehabilitation efforts.
- Letters from recognized recovery programs and/or counselors attesting to current sobriety and length of time of sobriety, if there is a history of alcohol or drug abuse.
- Proof of community work, schooling, self-improvement efforts.

All of the above items should be mailed **directly** to the Board of Registered Nursing by the individual(s) or agency who is providing information about the applicant. Have these items sent to the Board of Registered Nursing, Licensing Unit – Advanced Practice Certification (NA), P.O. Box 944210, Sacramento, CA 94244-2100.

It is the responsibility of the applicant to provide sufficient rehabilitation evidence on a timely basis so that a certification determination can be made.

An applicant is also required to immediately report, in writing, to the Board of Registered Nursing any disciplinary action(s) and/or voluntary surrender(s) which occur between the date the application was filed and the date that a California Nurse Anesthetist certificate is issued. Failure to report this information is grounds for denial of licensure/certification or revocation of license/certificate.

NOTE: The application must be completed and signed by the applicant under penalty of perjury.

GENERAL INSTRUCTIONS (CONT'D)

V. Temporary Nurse Anesthetist Certificate

The Temporary Nurse Anesthetist Certificate (TC/NA) is only applicable for the Nurse Anesthetist certification applicant who does not possess a **permanent California RN license at the time of application.**

The Nurse Anesthetist certification applicant may apply for the TC/NA (Page 10) to bridge the processing time of two (2) to four (4) months for the fingerprint clearances so that he/she may work in California as soon as eligible.

Eligibility for the TC/NA is based on the possession of a temporary California RN license (TL), a complete California RN Licensure by Endorsement application pending the fingerprint clearances that will be processed by the California Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) and a complete Nurse Anesthetist certification application.

VI. Address Information

The Board of Registered Nursing's mailing address is:

Advanced Practice Unit – NA Certification
Board of Registered Nursing
P. O. Box 944210
Sacramento, CA 94244-2100

The Board of Registered Nursing's street address for overnight mail is:

Advanced Practice Unit – NA Certification
Board of Registered Nursing
1747 N. Market Blvd., Suite 150
Sacramento, CA 95834

VII. California Nursing Practice Act

California statutes and regulations pertaining to Registered Nurses/Nurse Anesthetists may be obtained by contacting:

LexisNexis at:

www.lexisnexis.com/bookstore (search: California Nursing)

APPLICATION REQUIREMENTS FOR NURSE ANESTHETIST (NA) CERTIFICATION

Nurse Anesthetist certification eligibility is based on the completion of a nurse anesthesia academic program approved by the Council on Accreditation of Nurse Anesthesia Education Programs and current certification/recertification by the National Council on Certification/Recertification of Nurse Anesthetists.

Documentation submitted directly to the Board of Registered Nursing:

1. Verification of Nurse Anesthetist Certification by a National Organization/Association form submitted by the national association. (Page 9)
2. Verification of the Completion of a Nurse Anesthesia Academic Program form submitted by the nurse anesthesia program. (Page 8)
3. Official transcripts for the completed nurse anesthesia academic program submitted by the nurse anesthesia academic program.

The national organization/association listed below has met the certification requirements that are equivalent to the Board's standards for nurse anesthetist certification:

COUNCIL ON CERTIFICATION/RECERTIFICATION OF NURSE ANESTHETISTS

222 South Prospect, Park Ridge, IL 60068 (847) 692-7050

(Above Information Subject to Change)

VIII. HONORABLY DISCHARGED MEMBERS OF THE U.S. ARMED FORCES RECEIVE EXPEDITED REVIEW

Notwithstanding any other law, on and after July 1, 2016, a board within the department shall expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence to the board that the applicant has served as an active duty member of the Armed Forces of the United States and was honorably discharged (Business and Professions Code section 115.4.).

If you would like to be considered for this expedited review and process, please provide the following documentation with your application:

1. Report of Separation form.

The report of separation form issued in most recent years is the **DD Form 214, Certificate of Release or Discharge from Active Duty**. Before January 1, 1950, several similar forms were used by the military services, including the WD AGO 53, WD AGO 55, WD AGO 53-55, NAVPERS 553, NAVMC 78PD and the NAVCG 553.

Information shown on the Report of Separation may include the service member's date and place of entry into active duty, date and place of release from active duty, last duty assignment and rank, military job specialty, military education, total creditable service, separation information, etc.



APPLICATION FOR NURSE ANESTHETIST (NA) CERTIFICATION
APPLICATION FEE - \$500.00

A. PERSONAL DATA (Please print or type):

MILITARY HONORABLE DISCHARGE - Check here if you served as an active duty member of the Armed Forces of the United States and were honorably discharged.

Name: (Last) (First) (Middle)	Previous Names (Including Maiden Name):
Address of Record: (Number & Street)	Date of Birth: (Month) (Day) (Year)
(City) (State) (Zip Code)	U.S. Social Security Number or Individual Taxpayer ID Number:
Primary Telephone Number:	Email Address:

B. RN LICENSURE/NURSE ANESTHETIST CERTIFICATION:

California RN License Number:	Date Issued:	Expiration Date:
List ALL States Where You Hold/Held an RN License and Status:	List ALL States Where You Hold/Held a Nurse Anesthetist License/Certificate and Status:	
Original State of RN Licensure:	Date Issued:	Expiration Date:
Original State of Nurse Anesthetist Certification:	Date Issued:	Expiration Date:

C. RN EDUCATION:

Name of Professional Registered Nursing Program:	Location: (City) (State or Country)
Type of RN Program: <input type="checkbox"/> ADN <input type="checkbox"/> DIP <input type="checkbox"/> BSN <input type="checkbox"/> MSN	Entrance Date: Graduation/Completion Date:

D. NURSE ANESTHESIA EDUCATION:

Name of Nurse Anesthesia Academic Program:	Location: (City) (State or Country)
Type of Nurse Anesthesia Academic Program: <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's	Entrance Date: Graduation/Completion Date:

E. NURSE ANESTHETIST PROFESSIONAL CERTIFICATION:

Name of Organization/Association:	Original Date of Certification:
Certification Number:	Current Renewal/Recertification Cycle Dates:
Method of Certification: <input type="checkbox"/> Examination <input type="checkbox"/> Other (Please Explain)	

F. BACKGROUND INFORMATION:

I. Have you ever applied for a Nurse Anesthetist certificate in California? If yes: Name at Time of Application: _____ Date Submitted: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
II. Have you ever been issued a Nurse Anesthetist certificate in California? If yes: STOP. DO NOT CONTINUE. Please contact the Board regarding whether you should reapply or file a petition for reinstatement of your California Nurse Anesthetist certification.	Yes <input type="checkbox"/> No <input type="checkbox"/>
III. Have you ever had a professional or vocational license/certificate to practice revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions - Section IV.	Yes <input type="checkbox"/> No <input type="checkbox"/>
IV. Have you ever had a health-care related license/certificate to practice nursing revoked, suspended, placed on probation or otherwise disciplined or voluntarily surrendered in any way? If yes, please explain fully as described in the General Instructions - Section IV.	Yes <input type="checkbox"/> No <input type="checkbox"/>

I understand that I am required to report immediately to the California Board of Registered Nursing **ANY** disciplinary action and/or voluntary surrender against **ANY** health-care related license/certificate that occurs between the date of this application and the date the California Nurse Anesthetist certificate is issued. I understand that failure to do so may result in denial of this application or subsequent disciplinary action against my license/certificate.

I certify, under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for Nurse Anesthetist certification is true, correct and complete. Providing false information or omitting required information is grounds for denial of licensure/certification or licensure/certification revocation in California.

SIGNATURE OF APPLICANT: _____

DATE: _____

**PLEASE TAPE A
RECENT 2" x 2"
PASSPORT SIZE
PHOTOGRAPH**



**VERIFICATION OF THE COMPLETION OF
 A NURSE ANESTHESIA (NA) ACADEMIC PROGRAM**

A. TO BE COMPLETED BY APPLICANT: Please complete Section A and forward to the program director/representative for the Nurse Anesthesia academic program for completion. Official transcripts submitted must include all completed course work with the certificate/degree status conferred and must be sent directly to the Board of Registered Nursing by the Registrar's Office/Transcript Office. A processing fee may be required for the submission of the official transcripts. Please print or type.

Name: (Last) (First) (Middle)	Previous Names (Including Maiden Name):
Address: (Number & Street)	Date of Birth: (Month) (Day) (Year)
(City) (State) (Zip Code)	U.S. Social Security Number or Individual Taxpayer ID Number:
Telephone Number: Home () Work ()	California RN License Number: Expiration Date:
Name of Nurse Anesthesia Academic Program:	
Entrance and Completion Dates:	Type of Program:
Signature of Applicant: _____ Date: _____	

B. TO BE COMPLETED BY THE PROGRAM DIRECTOR/REPRESENTATIVE FOR THE NURSE ANESTHESIA ACADEMIC PROGRAM: Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

Name of Nurse Anesthesia Academic Program:	Telephone Number: ()
Address: (Number & Street) (City) (State) (Zip Code)	
Type of Program: <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's	
Entrance and Completion Dates: From: To: (Month) (Day) (Year) (Month) (Day) (Year)	
Date Certificate/Degree Status Conferred: (If conferral date and/or status not posted to transcript, please explain.)	
I certify under penalty of perjury that the documentation regarding the completion of the nurse anesthesia program for the above named applicant is true and correct.	
Signature: _____ Date: _____	
Title: _____ Telephone Number:(_____)_____	



VERIFICATION OF NURSE ANESTHETIST (NA) CERTIFICATION BY A NATIONAL ORGANIZATION/ASSOCIATION

A. TO BE COMPLETED BY APPLICANT: Please complete Part A and submit to the applicable national organization/association to verify your nurse anesthetist certification status. A fee may be required by the national organization/association for the processing of the verification form. Please print or type.

Name: (Last) (First) (Middle)	Previous Names (Including Maiden Name):
Address: (Number & Street)	Date of Birth: (Month) (Day) (Year)
(City) (State) (Zip Code)	U.S Social Security Number or Individual Taxpayer ID Number:
Telephone Number: Home () Work ()	California RN License Number: Expiration Date:
Name of Nurse Anesthesia Academic Program:	
Entrance and Completion Dates:	Type of Program:
Signature of Applicant: _____ Date: _____	

B. TO BE COMPLETED BY THE CERTIFYING NATIONAL ORGANIZATION/ASSOCIATION: Please complete Part B regarding the above named applicant and return to the Board of Registered Nursing.

Name of Certifying National Organization/Association:	Telephone Number: ()
Address: (Number & Street) (City) (State) (Zip Code)	Method of Certification:
Certificate Number:	Original Date of Certification:
Current Renewal Cycle Dates for Certification/Recertification: From: To: (If not applicable, please explain.) (Month) (Year) (Month) (Year)	

I certify under penalty of perjury that the documentation regarding the nurse anesthetist certification status for the above named applicant is true and correct.

Signature: _____ Date: _____

Title: _____ Telephone Number:(_____) _____ **(OFFICIAL SEAL)**



APPLICATION FOR TEMPORARY NURSE ANESTHETIST (NA) CERTIFICATE

INSTRUCTIONS:

1. The application fee for the Temporary Nurse Anesthetist Certificate (TC/NA) is **\$150.00**.
2. The TC/NA will not be issued until the **California RN Endorsement Application** and the **Application for Nurse Anesthetist Certification** are complete. Only the fingerprint cards submitted to the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) for processing are still pending.
3. The TC/NA will not be mailed to an in-care-of address or a third party address.
4. Possession of a current and active **California Temporary RN License (TL)** is required.

PLEASE NOTE: IF YOU ALREADY POSSESS A PERMANENT CALIFORNIA RN LICENSE, YOU ARE NOT ELIGIBLE FOR THE TEMPORARY NURSE ANESTHETIST CERTIFICATE (TC/NA) AND YOUR APPLICATION FEE FOR THE TC/NA WILL NOT BE REFUNDED.

TO BE COMPLETED BY THE APPLICANT: Please print or type.

Name: <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> (Last) (First) (Middle) </div>		Previous Names (Including Maiden Name):
Address: <div style="display: flex; justify-content: center; width: 80%; margin-left: 20px;"> (Number & Street) </div>		Date of Birth: <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> (Month) (Day) (Year) </div>
<div style="display: flex; justify-content: space-between; width: 80%; margin-left: 20px;"> (City) (State) (Zip Code) </div>		U.S. Social Security Number or Individual Taxpayer ID Number:
Telephone Number: Home () Work ()		Temporary RN License Number: Expiration Date:
Name of Nurse Anesthesia Academic Program:		
Address:		
Type of Program: <input type="checkbox"/> Certificate <input type="checkbox"/> Master's <input type="checkbox"/> Post-Master's		Entrance Date: Completion Date:
I certify under penalty of perjury that the above information regarding the Application for the Temporary Nurse Anesthetist Certificate is true and correct.		
Signature of Applicant: _____		Date: _____



INFORMATION COLLECTION AND ACCESS

The Information Practices Act, Section 1798.17 Civil Code, requires the following information to be provided when collecting information from individuals.

Agency Name:	BOARD OF REGISTERED NURSING	
Title of official responsible for information maintenance:	EXECUTIVE OFFICER	
Address:	P.O. BOX 944210, SACRAMENTO, CA 94244-2100	Telephone Number: (916) 322-3350
Authority which authorizes the maintenance of the information:	SECTION 30, SECTION 2732.1(a), BUSINESS AND PROFESSIONS CODE	
ALL INFORMATION IS MANDATORY.		
The consequences, if any of not providing all or any part of the requested information:	FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION WILL RESULT IN THE APPLICATION BEING REJECTED AS INCOMPLETE.	
The principal purpose(s) for which the information is to be used:	TO DETERMINE ELIGIBILITY FOR LICENSURE. YOUR U.S. SOCIAL SECURITY NUMBER/ITIN WILL BE USED FOR PURPOSES OF TAX ENFORCEMENT, CHILD SUPPORT ENFORCEMENT AND VERIFICATION OF LICENSURE AND EXAMINATION STATUS. SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE AND PUBLIC LAW 94-455 (42 USCA 405(c)(2)(C)) AUTHORIZE COLLECTION OF YOUR U.S. SOCIAL SECURITY NUMBER/ITIN. IF YOU FAIL TO DISCLOSE YOUR U.S. SOCIAL SECURITY NUMBER/ITIN, YOU WILL BE REPORTED TO THE FRANCHISE TAX BOARD, WHICH MAY ASSESS A \$100 PENALTY AGAINST YOU. YOUR NAME AND ADDRESS LISTED ON THIS APPLICATION WILL BE DISCLOSED TO THE PUBLIC UPON REQUEST IF AND WHEN YOU BECOME LICENSED.	
Any known or foreseeable interagency or intergovernmental transfer which may be made of the information:	POSSIBLE TRANSFER TO LAW ENFORCEMENT, OTHER GOVERNMENT AGENCIES AND REPORTING U.S. SOCIAL SECURITY NUMBER/ITIN TO THE FRANCHISE TAX BOARD OR FOR CHILD SUPPORT ENFORCEMENT PURPOSES PURSUANT TO SECTION 30 OF THE BUSINESS AND PROFESSIONS CODE.	
EACH INDIVIDUAL HAS THE RIGHT TO REVIEW THE FILES ON RECORDS MAINTAINED ON THEM BY THE AGENCY, UNLESS THE RECORDS ARE EXEMPT FROM DISCLOSURE.		

MANDATORY REPORTER

Under California law each person licensed by the Board of Registered Nursing is a “Mandated Reporter” for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code Section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code Section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both imprisonment and fine.

For further details about these requirements, consult Penal Code Section 11164, and subsequent sections.