



Certified Registered Nurse Anesthetists (CRNA) Advisory Committee
Volunteer Advisory Committee Member Application

Personal Information
Name:
Address:
City: State: Zip Code:
Phone (cell): Phone (home):
Phone (work): Fax:
E-mail:

California License Information
California license number(s) must be active and current.
Registered Nurse Number: CRNA Number:
Other Current/Active License Numbers:

Application Category
Please select the following category for which you are applying for:
[] CRNA direct practice, Northern California [] CRNA direct practice, Southern California
[] CRNA direct practice, Central California [] CRNA engaged in nurse anesthetist education
[] Public Member

Practice Setting Category
For CRNA applicants, please select the applicable area(s) for which you are currently practicing in:
[] Large (hospitals: traditional surgical suites and ambulatory surgical centers) [] Small (offices of dentists, ophthalmologists podiatrists, etc.)
[] Academic [] Pain Management or Ketamine clinics

Please attach a current resume as well as a separate document answering the following questions:
• Explain why you are interested in serving on the Certified Registered Nurse Anesthetists Advisory (CRNAAC) Committee.
• Describe your education and work as a CRNA, your knowledge of nurse anesthetist practice, and/or your experience as a consumer of CRNA practice.

The signature below verifies that I have read and understand the responsibilities, time commitments, and reimbursement of a CRNAAC member.

Signature Date

Please submit your completed application, resume, and supplemental questionnaire via email to McCaulie Feusahrens, Chief of Licensing, at BRN.CRNAAC@dca.ca.gov