

**Arizona State Board of Nursing (AZBN)
Initial Application Instructions for
Certified Registered Nurse Anesthetist (CRNA)**

IMPORTANT

If you are moving here from another state and do not hold a current RN license in Arizona or another compact state, you must complete the RN Endorsement application at the same time you apply for Certified Registered Nurse Anesthetist. For a list of compact states go to www.ncsbn.org/nlc.htm

REQUIREMENTS

Registered Nurses seeking certification as a CRNA shall meet the following requirements:

1. Current Arizona RN license in good standing **OR** current RN license with multistate privileges in another compact state.
2. An official transcript directly from the institution attended that provides evidence of:
 - a. A graduate degree associated with a CRNA program for a CRNA applicant
3. If the applicant satisfies all other requirements, the Board shall continue to certify:
 - a. A CRNA who completed a CRNA program before 7-6-2013 without evidence of a graduate degree.
4. National Board of Certification and Recertification for Nurse Anesthetists

Information on CRNA Standards

For information on CRNA scope of practice see **Article 2 Statute §32-1634.04** at www.azbn.gov/statutes.

ITEMS TO COMPLETE FOR CERTIFICATION

- ☐ **SUBMIT a paper application with fee:**
 - Print a copy of the application from the website
 - Application must be **mailed** to AZBN (no faxes)
- ☐ **REQUEST Official School Transcripts** – SENT BY THE PROGRAM DIRECTLY TO AZBN
- ☐ **REQUEST Official Letter** - Sent by the program to AZBN stating role and population focus – see sample letter at www.azbn.gov/AdvancedPractice.
- ☐ **REQUEST National Certification** – Sent directly to AZBN from certifying agency (exceptions on page 1, #5 & #7b)
- ☐ **Citizenship/Nationality/Alien Status Documentation Required:**

All applicants must submit a copy of documentation regarding citizenship/nationality/alien status. A copy of the document must be submitted on an 8 1/2 x 11 sheet of plain white paper and submitted with the application. For a list of acceptable documents go to www.azbn.gov/Citizenship.
- ☐ **SUBMIT a Fingerprint Card:**
 - You are required to submit a full set of fingerprints, for the purpose of obtaining State & Federal criminal record checks. You are exempt from this if you have submitted a fingerprint card to the AZBN within the previous two years.
 - Call your local police department, sheriff's office or check for names of private agencies where you can obtain fingerprints. The agency will provide the fingerprint card. The agency you use must validate your identification with a driver's license or a State issued ID. Submit your fingerprint card with your application.
 - It can take a minimum of 6-8 weeks to receive fingerprint results. Permanent certification will not be granted until these results are received.
 - Fingerprint Clearance Cards are not acceptable.

ADDITIONAL INFORMATION

Fees and Payment Methods: MUST BE IN U.S DOLLARS AND ARE NON-REFUNDABLE

- Application Fee: \$150.00 (required)
- Fingerprint Fee: \$ 50.00 (required)
- Temporary Certification Fee: \$ 35.00 (optional)
- Credit/Debit Card – Complete and **include** authorization form & submit with the application.
- Personal Checks – Pre-printed with your name/address. Payable to AZBN.

Optional Temporary Certifications

- Temporary certification – For CRNAs meeting requirements
- 48 hour temporary certificate – For emergency purpose only
For more information on Temporary Certificate go to www.azbn.gov/AdvancedPractice

Felony Convictions

The Board shall revoke a nursing license or multistate privileges or deny licensure if the applicant has one or more felony convictions that have not previously been disclosed to the Board and has not received an absolute discharge from the sentences for all felony convictions five or more years prior to the date of filing an application. If this law pertains to you, your application will be processed, and proceedings for revocation of your Arizona license or multistate privileges in Arizona or denial of your application shall be instituted by the Board. www.azbn.gov/ReportingCriminalCharges.

Reporting of Criminal Charges

Applicants for licensure/certification must notify the Board of criminal charges that may affect patient safety within 10 days of being charged. For further information go to www.azbn.gov/ReportingCriminalCharges.

Undesignated Offense

Further information can be found at www.azbn.gov/FelonyBarStatutes

Time Frames for Licensure

The Board is required to process applications for licensure within certain time periods, per Nurse Practice Act **R4-19-102**. For further information go to www.azbn.gov/NursePracticeAct.

Foreign Educated Applicants; Including Canada and Puerto Rico:

For foreign educated applicant requirements go to www.azbn.gov/ForeignEducatedRequirements.

Application Process Steps

For steps to the application process go to www.azbn.gov/Documents/Application-Process.pdf

Verification of the Status of your Application

To check the status of your application go to www.azbn.gov and click on License Verification

When you submit an application, the Board will send you a deficiency notice identifying any elements of the application process which remain outstanding. For assistance with the application process for licensure, please call (602)771-7800. If you fail to respond to a deficiency notice within the applicable time period, your application will be withdrawn. After withdrawal, if you are still interested in obtaining licensure you would need to submit a new application and applicable fee.

Arizona Revised Statute §41-1030, (B), prohibits agencies from basing licensing decisions in whole or in part on requirements or conditions that are not specifically authorized by statute, rule or state tribal gaming compact. For further information go to: <http://www.azleg.gov/FormatDocument.asp?inDoc=/ars/41/01030.htm&Title=41&DocType=ARS>

Arizona State Board of Nursing
4747 N 7th Street, Suite 200
Phoenix, AZ 85014-3655
Phone (602) 771-7800



☐ I have a compact license with multistate privileges (**a copy must be enclosed**)

☐ I am submitting an application for an AZ RN license

☐ I have an **AZ** Registered Nurse license (write your AZ # below)

Note: Fingerprint requirement (see instructions)

Δ





NOTE: Questions 13-17 are to be completed only if you are a CRNA applicant who holds an active multi state RN license in a compact state other than Arizona. If you do not have an RN license in another compact state, please proceed to question #16 on this page.

13. What compact state are you currently licensed as an RN?

Compact RN License Number

Expiration Date (Month/Year)

14. **TESTING INFORMATION**

In what state or territory did you obtain your **original** RN license?

What was your original license number?

What was the date of your state exam?

Did you test more than 1 time?

☐

No

☐

Yes

If yes, how many times?

Which test did you take?

☐

SBTPE

(This test was given before 7/1/82)

☐

NCLEX

(This test was given after 7/1/82)

Passing the SBTPE or NCLEX test is required for certification in Arizona.

15. **ARIZONA LICENSURE**

Have you previously submitted a nursing application in Arizona?

☐

No

☐

Yes

If yes, did you receive a permanent Arizona license?

☐

No

☐

Yes

If yes, when

16. **EMPLOYMENT STATUS**

☐

Employed

☐

Not Employed

Employed in Nursing

☐

Full Time

Employment in a field other than Nursing

☐

Full Time

PRN/Pool/Registry

☐

Yes

Traveler

☐

Yes

☐

Part Time

☐

Part Time

☐

No

☐

No

Average number of hours worked per week as a nurse?

17. **LICENSE INFORMATION**

List the state/territory, license number, and status of all RN licenses.

State	License Number	Active	Inactive	Expired
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are licensed in more than 4 states, please list the information on a separate sheet of paper

CRND

18. CITIZENSHIP OR NATIONAL DECLARATION

Are you a citizen or national of the United States?

If yes, **submit with your application a legible xeroxed copy of one of the documents from List A**. See the instructions for List A.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____

If you are a citizen or national of the United States, go directly to Question 20. If you are not a citizen or national of the United States, complete question 19.

19. ALIEN STATUS DECLARATION

To be completed by applicants who are not citizens or nationals of the United States. Please indicate alien status by checking the appropriate box. Submit a legible xeroxed copy of the front and back of a document from the attached List B with your application.

☐ No ☐ Yes

“Qualified Alien” Status

- ☐ A. An alien lawfully admitted for permanent residence under the Immigration and Nationality Act (INA).
- ☐ B. An alien who is granted asylum under Section 208 of the INA.
- ☐ C. A refugee admitted to the United States under Section 207 of the INA.
- ☐ D. An alien paroled into the United States for at least one year under Section 212(d)(5) of the INA.
- ☐ E. An alien whose deportation is being withheld under section 243(h) of the INA.
- ☐ F. An alien granted conditional entry under Section 203(a) (7) of the INA as in effect prior to April 1, 1980.
- ☐ G. An alien who is a Cuban and Haitian entrant (as defined in section 501(e) of the Refugee Education Assistance Act of 1980).
- ☐ H. An alien who has, or whose child or child’s parent has, been declared a “battered alien” or an alien subjected to extreme cruelty in the United States.

Nonimmigrant Status (8 U.S.C § 1621(a) (2))

- ☐ I. A nonimmigrant under the Immigration and Nationality Act [8 U.S.C § 1101 et seq.] Nonimmigrants are persons who have temporary status for a specific purpose. See 8 U.S.C § 1101(a) (15).

Alien paroled into the United States for less than one year (8 U.S.C § 1621(a) (3))

- ☐ J. An alien paroled into the United States for less than one year under Section 212(d) (5) of the INA.

Other Person (8 U.S.C § 1621 (c) (2) (A) and (C))

- ☐ K. A nonimmigrant whose visa for entry is related to employment in the United States
- ☐ L. A citizen of a freely associated state, if section 141 of the applicable compact of free association approved in Public Law 99-239 or 99-658 (or a successor provision) is in effect [Freely Associated States include the Republic of the Marshall Islands, Republic of Palau and the Federate States of Micronesia, 49 U.S.C § 1901 et seq.];
- ☐ M. A foreign national not physically present in the United States.

Otherwise Lawfully Present (A.R.S. § 1-501)

- ☐ N. A person not described in categories A-M who is otherwise lawfully present in the United States. **PLEASE NOTE: The federal Personal Responsibility and Work Opportunity Reconciliation Act may make persons who fall into this category ineligible for licensure.**

To establish alien status, **submit with your application a legible xeroxed copy of one of the documents from List B**. See the instructions for List B.

Name of document you are submitting _____

Expiration Date, if any (mm/dd/yyyy) _____

CASF



APPLICATION QUESTIONS



20. Are you currently under investigation or is disciplinary action pending against your nursing license or CRNA certificate or any other license or certification you hold in any state or territory of the United States?

☐ No ☐ Yes

If yes, include a detailed explanation and a copy of the paperwork regarding the current investigation or pending disciplinary action with your application.

Before answering the next question read the following: The fact that a conviction has been pardoned, expunged, dismissed, deferred, reclassified, redesignated or that your civil rights have been restored, does not mean that you answer this question “no”; you would have to answer “yes” and give details on each conviction.

21. Have you ever been convicted, entered a plea of guilty, nolo contendere or no contest, or have you ever been sentenced, served time in jail or prison, or had prosecution deferred or sentence deferred or probation deferred in any **felony** or undesignated offense?

☐ No ☐ Yes

If yes, provide a written explanation of the details of each conviction and sentence. Return the written explanation, a copy of the police report and court documents for each conviction, indicating type of conviction, conviction date and sentence including the date of absolute discharge of the sentence for each felony conviction with your application.

FINAL NOTE: If you answer “yes” to this question, your application will not be processed until you provide proof that it has been more than 5 years since the date of absolute discharge for each felony conviction or provide proof that the conviction was designated a misdemeanor.

22. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates, reasons for participation, and a copy of the participation agreement.

23. Have you ever been terminated from an alternative to discipline, diversion, or a peer assistance program due to unsuccessful completion?

☐ No ☐ Yes

If yes, provide a **written explanation** including the state, dates, and reasons for participation and termination.

VERIFICATION BY OATH OR AFFIRMATION OR DECLARATION

The undersigned declares under penalty of perjury under the laws of Arizona, that he/she:

- Is the person referred to in the foregoing application;
- That the statements are true in every respect to the best of his/her knowledge;
- That he/she has not suppressed any information that would affect this application;
- That he/she will conform to ethical standards of conduct in the profession of nursing and obey the laws and rules of the Arizona Board of Nursing;
- That he/she has read and understands that failure to disclose the requested information or disclosure of false information or disclosure of misleading information may constitute fraud and may result in denial of licensure/certification or disciplinary action, up to and including revocation, taken against an issued license or certificate;
- Failure to disclose the requested information or disclosure of false or misleading information may also result in criminal prosecution.

Applicants Signature

Date

CRNE



REQUEST FOR TEMPORARY LICENSE/CERTIFICATION

ARIZONA STATE BOARD OF NURSING
4747 N. 7TH STREET, SUITE 200
PHOENIX, AZ 85014-3655

NOTE: The 48 hours option should be utilized **only** for emergency purpose. Application and all supporting documents **MUST** be hand carried to Board Office.

Any applicant who has a criminal history, a history of disciplinary action by a regulatory agency or a pending complaint, will be reviewed before a temporary AZ license is issued.

*An Original license/certification application must be submitted with a Request for Temporary License/Certificate or an application must already be on file.

Legal First Name																								
Legal Last Name																								
Street Address																								
City																								
State/Province			Zip Code					Date of Birth			/			/										

Check all that apply ☐ RN ☐ LPN Endorsement ☐ Nurse Practitioner (NP) ☐ Nurse Midwife (CNM)
☐ Clinical Nurse Specialist (CNS) ☐ Certified Registered Nurse Anesthetist (CRNA)

TEMPORARY Fee Information - This is an additional fee that is not included with the initial licensure/certification application

- **\$50.00** RN/LPN Endorsement -Temporary license
- **\$35.00** NP, CNM, CNS and CRNA - Temporary certificate
- A \$50.00 fee will be charged for checks returned because of insufficient funds
- All personal checks must be pre-printed with your name and address; starter checks or out of country checks will not be accepted

ALL APPLICANTS must meet the following REQUIREMENTS to be eligible for a temporary license/certificate for the application type checked above.

- A fingerprint card has been submitted
- Fees have been paid for licensure/certification
- No "yes" answers to questions on the last page of the application
- Passed NCLEX or SBTPE
- No disciplinary action or investigation in another jurisdiction

ADDITIONAL SPECIFIC REQUIREMENTS FOR APPLICATION TYPES

RN/LPN Endorsement Applicants

- Must have practiced as a nurse for 960 hours or more or completed an Arizona Board approved refresher course or obtained an advanced nursing degree within the past 5 years
- Graduates of foreign nursing program **must** provide:
 - * CGFNS/IERF/ERES/JS&A ID#
 - * Validation of English language requirement met
- LPNs educated in the Army @ Fort Sam Houston - transcripts required
- Excelsior Graduates - transcripts required

Nurse Practitioner, Certified Nurse Midwife & Clinical Nurse Specialist

- **Endorsement** applicants who have met all of the requirements for AP certification (see instructions) and have been issued a temporary AZ RN license or hold a multi state Compact RN license.
- **New graduate** applicants, who have met all of the requirements for AP certification (see instructions) and are awaiting National certification, must request certifying agency to send verification that you applied for and are eligible to take or have taken an AP certifying exam in your category/specialty area of practice. Verification must be sent directly to AZBN from the certifying agency. **Failed exam invalidates temporary certification.**

Certified Registered Nurse Anesthetist

- Must be nationally certified & have met all the requirements for CRNA.
- Have been issued a temporary AZ license & are waiting for permanent AZ RN license.

SIGNATURE - REQUIRED

Date

ARIZONA STATE BOARD OF NURSING

4747 N. 7TH STREET, STE. 200
PHOENIX, ARIZONA 85014

**CREDIT/DEBIT CARD AUTHORIZATION FORM
FOR CERTIFIED REGISTERED NURSE ANESTHETIST APPLICATION**

IF PAYING BY CREDIT/DEBIT CARD PLEASE SUBMIT THIS FORM WITH YOUR ENDORSEMENT APPLICATION
ONLY VISA OR MASTERCARD IS ACCEPTED
A \$3.00 PROCESSING FEE IS APPLIED TO ALL PAYMENT CARD TRANSACTIONS

CHOOSE APPROPRIATE APPLICATION FEE PAYMENT:

☐ CRNA-\$150.00

(REQUIRED IN ORDER TO PROCESS CRNA APPLICATIONS)

☐ TEMP CERTIFICATE-\$35.00

(REQUIRED IN ORDER TO PROCESS TEMP CERT. APPLICATION)

FINGERPRINT FEE- \$50.00

(FOR FINGERPRINT FEE: SEE APPLICATION INSTRUCTIONS TO DETERMINE IF PAYMENT IS NECESSARY)

PLEASE CLEARLY PRINT ALL INFORMATION EXCEPT WHERE A SIGNATURE IS REQUIRED

NAME OF APPLICANT: _____

(REQUIRED)

AUTHORIZATION INFORMATION:

TOTAL AUTHORIZED AMOUNT:

+ \$3.00

(TOTAL APPLICATION FEES Plus \$3.00 PROCESSING FEE)

TYPE OF CARD:

☐ VISA

☐ MASTERCARD

CARD NUMBER:

(REQUIRED)

EXPIRATION DATE:

CVN #

(REQUIRED)

(REQUIRED)

BILLING INFORMATION:

CARD HOLDER NAME:

(REQUIRED)

BILLING/MAILING ADDRESS:

PHONE NUMBER:

(REQUIRED)

EMAIL ADDRESS:

SIGNATURE OF CARDHOLDER:

(REQUIRED)