



**REQUIREMENTS AND INSTRUCTIONS FOR CRNA LICENSURE**

**This application is nurses who have never been licensed as a CRNA in any state.**

**REQUIREMENTS**

1. Current RN license.
2. Graduate of a Nurse Anesthetist education program accredited by the American Association of Nurse Anesthetists' Council on Accreditation.

CRNAs who are initially licensed by the board or a board in another jurisdiction after January 1, 2001, must be educated in a nurse anesthetist program at a master's level or higher level.

3. Certified by the American Association of Nurse Anesthetist's Council on Certification.
4. Current Formulary
5. For those who wish to prescribe/administer Controlled Substances, instructions enclosed.

**SUBMIT THE FOLLOWING DOCUMENTS**

1. Complete application and fee.
2. Certified copy by a notary of a current AANA certification card.

Individuals not certified by AANA may be eligible for a work permit.

3. Official Transcript of nurse anesthetist program must be received directly from the program.
4. GRNA must request that the National Certification Organization send verification of initial certification directly to the Board of Nursing.

**NOTE: Applicant may not practice as a CRNA until notified by the Board.**

### **TO REQUEST A WORK PERMIT**

Exclusion: Certified Registered Nurse Anesthetist with lapsed AANA certification are not eligible for a permit-to-practice.

1. Requirements must be met for licensure as a CRNA except certification by AANA.
2. Verification on official letterhead must be received directly from AANA, that the applicant applied to write the national qualifying exam within 12 weeks of graduation from the Nurse Anesthetist program.
3. A letter of verification of intent to employ, on official letterhead including the name of the practice supervisor(s) and name of prescription supervisor(s), is required from the employer.
4. Verification on official letter head must be received directly from AANA, that applicant wrote the national qualifying examination, must be received in the Board of Nursing office within 3 weeks subsequent to the date of the examination.
5. GRNAs permit will be issued by mail only to the employer(s).

All permits expire on the date specified on the permit.

Failure of applicant to write the scheduled qualifying examination or if the exam is failed, will render the applicant ineligible to practice anesthesia in NM and the employer must immediately return the permit-to-practice to the board office.

#### **NOTE:**

**Applicant may not practice as a GRNA until notified by the Board.**

STATE OF NEW MEXICO

(505) 841-8340



Board of Nursing

6301 Indian School NE, Suite 710
Albuquerque, NM 87110

CRNA APPLICATION

\$100.00 Initial certification fee enclosed.

Fees are non refundable.

No personal checks/debit cards accepted Make payment payable to: New Mexico Board of Nursing
Acceptable forms of payment drawn on U.S. bank/US currency; money order, cashier's check, demand draft or
credit card (Master or Visa)

Please check one of the following cards MASTERCARD VISA

CREDIT CARD #

EXPIRATION DATE: / (month and 4 digit year)

SIGNATURE

Type or Print in ink

Legal Name:
Last First Middle Maiden

Address:
Number Street Apt#

City State Zip
Gender Male Phone
Date US Social Security Number Female
EMAIL

Birth

NM RN License # or date applied for

EDUCATION:
School of Anesthesia Name Location
Year of Graduation Degree Granted

AANA CERTIFICATION:

Year of Certification Certificate # Expiration date

DECLARATION OF PRIMARY STATE OF RESIDENCE IS MANDATORY FOR LICENSURE In accordance with
the Nursing Practice Act 61-3-24-1 (Nurse Licensure Compact), I declare that the state of as my
primary state of residence and that such constitutes my permanent and principle home for legal purposes. ("Primary
state of residence" is defined as the state of a person's declared fixed permanent and principal home for legal
purposes; domicile). Upon licensure in New Mexico, I intend to practice in the state (s) of.

**DISCIPLINARY:**

1. Has disciplinary action ever been taken against your RN license? No \_\_\_\_\_ Yes \_\_\_\_\_  
If yes: denied\_\_\_\_; revoked\_\_\_\_; suspended\_\_\_\_; probation---; reprimand\_\_\_\_; other; \_\_\_\_\_

2. Have you had disciplinary action or any action pending against you by any licensing jurisdiction, the USDA, Drug Enforcement Agency or any state drug enforcement authority?

No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, give date \_\_\_\_\_ What state(s) \_\_\_\_\_

Have you been convicted of a felony or are you now charged with any felony in any state or federal court? Please include any felony charges that resulted in a guilty plea, nolo contendere plea or a deferred or suspended sentence. A felony is generally a criminal charge with the potential punishment of at least one year in prison in jail. If in doubt, disclose the charge or conviction with a copy of all relevant documents. Failure to properly disclose a charge or conviction may result in disciplinary action being taken against you by the Board of Nursing.

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, Where \_\_\_\_\_ Date \_\_\_\_\_

**If yes to any of the above questions, please explain fully on a separate page and submit copies of legal documents.**

**I hereby make application for a license to practice anesthesia in accordance with the Nursing Practice Act of the State of New Mexico. I certify that the above statements are true and correct.**

**Legal Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**New Mexico C. R. N. A. Formulary for Perioperative, Perinatal and Emergency Services:**

- \_\_\_ Cholinergic Drugs
- \_\_\_ Adrenergic Drugs
- \_\_\_ Cholinergic Blocking Drugs
- \_\_\_ Ganglionic Blocking Drugs
- \_\_\_ Neuromuscular Blocking Drugs
- \_\_\_ Adrenergic Blocking Drugs
- \_\_\_ Antiemetic Drugs
- \_\_\_ ACLS Protocol Drugs
- \_\_\_ Blood, Blood Components and Drugs that Promote Blood Coagulation
- \_\_\_ Antiarrhythmic Drugs
- \_\_\_ Antianginal Drugs
- \_\_\_ Anticoagulant Drugs
- \_\_\_ Diuretic Drugs
- \_\_\_ Nonnarcotic Analgesic and Anti-inflammatory Drugs
- \_\_\_ Bronchodilator and Mucolytic Drugs
- \_\_\_ Antianxiety Drugs
- \_\_\_ Central Nervous System Stimulants and Depressants
- \_\_\_ General and Local Anesthetic Drugs
- \_\_\_ Medical Gasses
- \_\_\_ Glucagon and Hypoglycemic Drugs
- \_\_\_ Adrenal Steroids
- \_\_\_ Oxytotic Drugs
- \_\_\_ I V Solutions
- \_\_\_ Drugs affecting Catecholamine Binding and Release
- \_\_\_ Antihypertensive Drugs
- \_\_\_ Antihistaminic Drugs
- \_\_\_ Antiserotonins and Prostaglandins



**AFFIDAVIT VALIDATING PRESCRIPTION WRITING**

\_\_\_\_\_ I wish to make application to prescribe controlled substances.  
Yes No

CRNAs Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CRNAs RN License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

STATE OF)  
)SS  
COUNT OF \_\_\_\_\_)

I hereby certify that \_\_\_\_\_ has signed in  
type /print name  
my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_

**SEAL**

**POLICY OF NONDISCRIMINATION ON THE BASIS OF DISABILITY**

The Board of Nursing does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its programs or activities.