



**REQUIREMENTS AND INSTRUCTIONS FOR
NM CERTIFIED REGISTERED NURSE ANESTHETIST LICENSURE BY ENDORSEMENT**

I. PREREQUISITES FOR CRNA LICENSURE

- A. Hold a current, valid NM RN license and current compact license.
- B. Successfully complete a formal program designed for the education and preparation of certified registered nurse anesthetist.
 - The program must be accredited by the AANA Council on Accreditation of Nurse Anesthetist Educational Programs/Schools.
 - If the applicant is initially licensed by any board of nursing including the NM board of nursing after January 1, 2001, the program must be at the master's level or higher.
 - Applicants who do not hold a master's or higher degree from a nurse anesthetist program and were initially licensed by any board before January 2, 2001 must provide verification of CRNA licensure.
- C. Provide evidence of AANA Council on Certification of Nurse Anesthetists
- D. Certified Registered Nurse Anesthetist must comply with the requirements for prescriptive authority as outlined in the attached rules subsection P of paragraph (5) of 16.12.2.14 NMAC.

II. APPLICATION PROCEDURE

- A. Complete ALL questions on the application. Sign and date the application.
- B. Fee is acceptable in the form of US money order, cashier's check drawn on US bank and made out to the NM Board of Nursing or credit cards, MasterCard and Visa. Cash in the exact amount is accepted; **DO NOT MAIL CASH.** The Board office is not responsible for cash if mailed. Personal checks/demand drafts/Debit cards are **NOT** accepted. **NOTE: FEE IS NOT REFUNDABLE.**
- C. Mail application, fee and other required documents to the NM Board of Nursing Office. If you fax your application, please do not mail in original as you run the risk of being charged twice.
- D. Send the endorsement request form to the state where you are licensed as a Certified Registered Nurse Anesthetist. **Note:** Applicants who do not hold a Masters or higher degree from a nurse anesthetist program must verify licensure by any board before January 1, 2001. Send an additional endorsement request form to state who can verify advanced practice licensure before January 1, 2001. **Copies can be made of endorsement form.**
 - Endorsement request forms **MUST** be received directly from that Board.
 - Check with the other Board(s) regarding the fee charged by that state to verify CRNA/advanced practice licensure.
- E. Submit the following documentation for prescriptive authority:
 - Affidavit Validating Prescription Writing
 - Current Formulary
- F. Submit a copy of AANA Council on recertification. A temporary license may be issued to applicants requesting one. If applicant was not required to hold AANA Council on recertification by another jurisdiction, proof of that recertification must be submitted before a permanent license will be issued.
- G. **Nurses from compact states**-Submit a copy of the compact license. A NM advanced practice license will be issued with the same expiration date as the compact license.



III. PROCEDURE FOR REQUESTING TEMPORARY LICENSE (TL)

A. TEMPORARY LICENSE –

TL is valid for a maximum of six (6) months from the date of application. A TL is not renewable and shall not be copied. It becomes void upon expiration or issuance of current NM CNS license.

TL may be issued for endorsees upon written request, provided all requirements for CRNA licensure have been met except certification by a national nursing organization. Proof of National Certification must be submitted to the board before a current license will be issued.

IV. GENERAL INFORMATION

Incomplete applications or applications lacking required documents delay the processing of the application.

Only LEGAL name is used for licensure purposes in NM.

Inaccurate or false information on the application may be grounds for withdrawal of the TL, permit-to-practice or current CRNA license by the Board.

NM CRNA licenses run concurrently with RN licensure.

Applications become **NULL and Void** if the licensure process is not completed within one (1) year of the date of last noted activity.

Applicants who have had disciplinary action taken or pending against a license in another state or who have had a felony conviction may not be issued a temporary license until authorized by the New Mexico Board of Nursing.

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ASSURE THAT ALL ENDORSEMENT REQUIREMENTS ARE MET AND DOCUMENTS ARE RECEIVED BY THE NM BOARD OF NURSING PRIOR TO THE EXPIRATION OF THE TEMPORARY LICENSE OR GRADUATE PERMIT-TO-PRACTICE.

ENCLOSURES: Application, Endorsement Request Forms, Affidavit validating prescription writing, Rules



ADVANCED PRACTICE ENDORSEMENT APPLICATION

Please check one:

- Nurse Practitioner \$100.00
- Nurse Practitioner and Temporary License \$160.00
- Certified Registered Nurse Anesthetist \$100.00
- Certified Registered Nurse Anesthetist and Temporary License \$160.00
- Clinical Nurse Specialist \$100.00
- Clinical Nurse Specialist and Temporary License \$160.00

Acceptable forms of payment Cashiers Check Money Order Business Check Credit Card
No personal checks/demand drafts/Debit cards accepted Money orders must be drawn on US bank

Please check one of the following cards; MASTERCARD VISA

CREDIT CARD # _____ - _____ - _____ - _____
EXPIRATION DATE: ___ / ____ (month and 4 digit year)

SIGNATURE _____

NOTE: FEES ARE NON-REFUNDABLE

(Please type or print clearly with black ballpoint)

LEGAL NAME: _____
Last First Middle Maiden

MAILING ADDRESS: _____
Number Street Apt

City State Zip + 4 County/Country

Birth Date US Social Security Number Male PHONE: Female EMAIL:

LIST ANY OTHER NAME(S), (Surname, First or Middle) EVER USED FOR ADVANCE PRACTICE LICENSE: or (NONE _____)

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 _____ is 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 _____.

ADVANCED NURSING EDUCATION PROGRAM :	NAME OF SCHOOL	CITY, STATE	DATE BEGAN AND COMPLETED	CERTIFICATE OR DEGREE GRANTED
--	-------------------	----------------	--------------------------------	----------------------------------

NATIONAL CERTIFICATION SPECIALTY

____ CERTIFIED NURSE PRACTITIONER

INDICATE SPECIALTY(S) _____

____ CLINICAL NURSE SPECIALIST

INDICATE SPECIALTY(S) _____

____ CERTIFIED REGISTERED NURSE ANESTHETIST

NATIONAL CERTIFICATION NUMBER _____

ADVANCED PRACTICE LICENSURE

STATE LICENSED _____ DATE LICENSED _____

ALL STATES EVER LICENSED AS ADVANCED PRACTICE NURSE _____

TEMPORARY ADVANCED PRACTICE LICENSE:

____ Please check if a temporary license is requested.

DISCIPLINARY:

1. Has disciplinary action ever been taken against your advanced practice nursing 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 ____/State(s) _____ If

yes, give date _____ List State(s) _____

3. 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 for punishment of at least one year in prison or 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, please explain fully on separate page and submit copies of legal documents.

Please make sure that all of the following items have been checked off before mailing to the Board of Nursing. Failure to do so may slow down the licensing process.

- ____ 1. Check off appropriate application applying for at the top of the application.
- ____ 2. Complete application and fee
- ____ 3. Include current mailing address or e-mail address for receipt of Temporary License.
- ____ 4. Complete and submit Verification of Advanced Practice Licensure to other Board of Nursing.
- ____ 5. If applicable, complete and submit with application Affidavit Validating Prescription Writing and a formulary.
- ____ 6. Include copy of current national certification with application.
- ____ 7. If applicable, submit copy of current compact state license with application

Application becomes null and void after one (1) year of last noted activity.

Incomplete application will be returned.

I hereby make application for an advanced practice license to practice nursing in accordance with the Nursing Practice Act of the State of New Mexico and enclose the fee stated. I certify, under penalty of perjury, to the truth and accuracy of all statements, answers and representations made on this application.

LEGAL SIGNATURE _____ DATE: _____

Notice to applicants with a disability: Upon request, this publication/document can be made available to various accessible forms. Please call the Board of Nursing at (505) 841-8340 or TTY 1-800-659-8331.

Please contact the office at 505/841-8340 for further clarification if necessary.



AFFIDAVIT VALIDATING PRESCRIPTION WRITING

_____ I wish to make application to prescribe controlled substances.

Yes No

CRNA Signature: _____ Date: _____

CRNA's RN License #: _____ Expiration Date: _____

Home Address: _____

Home Phone: _____ Work Phone: _____

STATE OF _____) SS
COUNTY OF _____)

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

NOTARY PUBLIC

My Commission Expires: _____

SEAL



TO: INTERESTED CERTIFIED REGISTERED NURSE ANESTHETISTS/GRADUATE
REGISTERED NURSE ANESTHETISTS

RE: AUTHORIZATION CONTROLLED SUBSTANCES (SCHEDULES II through V)

PROCEDURE:

1. An Affidavit of Prescriptive Authority form is enclosed.
 - A. CERTIFIED REGISTERED NURSE ANESTHETIST- You must indicate on the affidavit that you wish to prescribe controlled substances. The Board of Nursing will send a letter to the Board of Pharmacy authorizing the Certified Registered Nurse Anesthetist to apply for a state controlled substance license and DEA registration.
 - B. GRADUATE REGISTERED NURSE ANESTHETIST -You must indicate on the affidavit that you wish to prescribe controlled substances. The Board of Nursing will send a letter to the Board of Pharmacy authorizing the graduate registered nurse anesthetist to apply for a state controlled substance license and DEA registration.
2. Contact the Board of Pharmacy to request a state controlled substance application and DEA application. Complete and return both applications according to the instructions.

CRNAs may not possess or prescribe controlled substances until they have both a current state controlled substances registration and current DEA registration.
CRNAs may not distribute dangerous and controlled substances.

GRNAs may not possess or prescribe controlled substances until they have both a current state controlled substances registration and a current DEA registration.
GRNAs may not distribute dangerous or controlled substances.



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.

Applicants for licensure or certification may request assistance reading and/or completing application documents and other printed materials produced by the Board of Nursing. Hearing impaired persons call TTY (800-659-8331).



VERIFICATION OF CRNA FORM

Must be received directly from the Board of Nursing

Part I – Applicant – Complete all information in this form and forward to the NM Board of Nursing.

LICENSE NUMBER: _____

NAME: _____
Last First Middle Maiden Other name(s) used

MAILING ADDRESS: _____
Number Street Apt. City / State Zip

BIRTHDATE: _____ **SOCIAL SECURITY NUMBER** _____
Month / Day / Year

EDUCATION PROGRAM
Name of Institution: _____ Location of Program: _____

Degree Granted: _____ **OR Certificate Granted:** _____

Date of Completion: _____

I authorize _____ to release my 7FB5 licensure information to the NM Board of Nursing.

APPLICANT SIGNATURE **DATE**

Part II – Board of Nursing – Please provide licensure information for the applicant.

This is to certify that _____ **(Please select):**
_____ licensed as a Certified Registered Nurse Anesthetist.

Initially licensed as a Certified Registered Nurse Anesthetist: _____
DATE

_____ licensed as an Advanced Practice Practitioner (state does not specify practice area)
Initially licensed as an Advanced Practice Practitioner _____
DATE

_____ State does not issue license for CRNA/Advanced Practice Practitioners.
(Please explain how advanced practice is recognized in the state): _____

Signature: _____ **STATE SEAL:**

Title: _____

State: _____
Date: _____