

**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](http://www.ncsbn.org/nlc.htm) #1

**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](http://www.azbn.gov/statutes). #2

**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](http://www.azbn.gov/AdvancedPractice). #3
- ❑ **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](http://www.azbn.gov/Citizenship). #4
- ❑ **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.
  - A fingerprint card will be mailed to you within 30 days of AZBN receiving your application.
  - It can take a minimum of 4-6 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](http://www.azbn.gov/AdvancedPractice) #5

**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](http://www.azbn.gov/ReportingCriminalCharges). #6

### **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](http://www.azbn.gov/ReportingCriminalCharges). #7

### **Undesignated Offense**

Further information can be found at [www.azbn.gov/FelonyBarStatutes](http://www.azbn.gov/FelonyBarStatutes) #8

### **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](http://www.azbn.gov/NursePracticeAct). #9

### **Foreign Educated Applicants; Including Canada and Puerto Rico:**

For foreign educated applicant requirements go to [www.azbn.gov/ForeignEducatedRequirements](http://www.azbn.gov/ForeignEducatedRequirements). #10, 10a & 10b

### **Application Process Steps**

For steps to the application process go to [www.azbn.gov/Documents/Application-Process.pdf](http://www.azbn.gov/Documents/Application-Process.pdf) #11

### **Verification of the Status of your Application**

To check the status of you application go to [www.azbn.gov](http://www.azbn.gov) and click on License Verification #12

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 contact AZBN at (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 State Board of Nursing  
4747 N 7<sup>th</sup> Street, Suite 200  
Phoenix, AZ 85014-3655  
Phone (602) 771-7800









**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) \_\_\_\_\_



## 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.

**AFTER COMPLETING THE APPLICATION, WAIT TO SIGN THE APPLICATION UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC**

## 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





**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)