

**REINSTATEMENT/RETURN TO ACTIVE STATUS OF
CRNA AUTHORITY TO SELECT, ORDER, OBTAIN AND ADMINISTER DRUGS
INSTRUCTIONS AND APPLICATION**

Application Fee - \$85.00

Use this application if:

- **You are currently licensed as a Registered Nurse in Oklahoma;**
- **You hold Oklahoma recognition as a Certified Registered Nurse Anesthetist; and**
- **You have been recognized previously in Oklahoma for authority to select, order, obtain, and administer drugs but the authority is lapsed, inactive, suspended, or surrendered.**

The *Reinstatement of CRNA Authority to Select, Order, Obtain and Administer Drugs Application* form is attached. PLEASE READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE APPLICATION.

The *Oklahoma Nursing Practice Act* requires current licensure as a registered nurse and recognition as a CRNA with authority to select, order, obtain and administer drugs from the Oklahoma Board of Nursing *prior* to ordering drugs or identifying oneself as a CRNA with authority to select, order, obtain and administer drugs.

CRNAs administer anesthesia under the supervision of a medical doctor, an osteopathic physician, a podiatric physician, or a dentist licensed in Oklahoma under conditions in which timely, on-site consultations by such medical doctor, osteopathic physician, podiatric physician, dentist is available [59 O.S. § 567.3a.10.a.]

A certified registered nurse anesthetist, under the supervision of a medical doctor, osteopathic physician, a podiatric physician, or dentist licensed in this state, and under conditions in which timely, on-site consultation by such medical doctor, osteopathic physician, podiatric physician, dentist is available, shall be authorized, pursuant to an Inclusionary Formulary adopted by the Oklahoma Board of Nursing, to order, select, obtain and administer legend drugs, Schedules II through V controlled substances, devices, and medical gases only when engaged in the preanesthetic preparation and evaluation; anesthesia induction, maintenance and emergence; and postanesthesia care. A certified registered nurse anesthetist may order, select, obtain and administer drugs only during the perioperative or peripostetrical period.

Authority to select, order, obtain, and administer drugs must be renewed every two years concurrently with RN licensure and advanced practice recognition renewals.

The *Inclusionary Formulary* may be accessed on our webpage at: www.ok.gov/nursing/prac-crnafrm.pdf or by contacting the Board office.

REQUIREMENTS FOR REINSTATEMENT/RETURN TO ACTIVE OF CRNA AUTHORITY TO SELECT, ORDER, OBTAIN AND ADMINISTER DRUGS

Licensure and Advanced Practice Requirements: Approval for authority to select, order, obtain and administer drugs requires current licensure as a registered nurse in Oklahoma and current recognition from the Oklahoma Board of Nursing as a Certified Registered Nurse Anesthetist.

Educational Preparation: The CRNA applying for reinstatement of authority to select, order, obtain and administer drugs must submit documentation verifying completion of a minimum of eight (8) units of continuing education in advanced pharmacology related to the administration of anesthesia as recognized by the American Association of Nurse Anesthetists within the two-year period immediately preceding the date of application. In addition, an official transcript of the initial CRNA education must be submitted from the nurse anesthetist educational program, if not already on file at the Board office. If reinstatement is not approved within two years of the expiration of authority to order, select, obtain and administer, the applicant will be required to meet initial application criteria.

Evidence of Professional Liability Insurance: Verification of professional liability insurance coverage must be provided.

Current National Certification: A legible copy of your current national certification card must be submitted.

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

- Completion of application:** Complete the application and affidavit accurately typed or in black ink. You must complete all sections of the application with the same name as the name on your nursing license. Please indicate "NMN" if you do not have a middle name. **You must provide a Social Security number on the application.** This information is mandatory, pursuant to 56 O.S. § 240.21A, for administration of the tax laws of the State of Oklahoma. **You may not use white-out on the application.** You may complete the application form online on our website: www.ok.gov/nursing. When you are finished entering your information, print the completed application form, attach your signed and dated photograph, and take the application to a Notary Public. You must sign the application LEGIBLY in the presence of a Notary Public, using your full legal name.
- Submission of Fee:** Submit the required fee in the form of \$85.00 in the form of a personal check, money order, or certified check. Applications received without the required fee will be returned without review.
- Arrest, Disciplinary Action, or Judicial Declaration of Mental Incompetence:** If you answer "yes" to the arrest, discipline, or competency questions on the application, you must **submit a signed and dated letter, describing the date, location and circumstances of the incident, and the resulting action taken by the court or disciplinary board.** If you have more than one incident you are reporting, you must speak to every case/charge that has been filed. If you have reported a history of arrest, conviction, or a deferred sentence, you must submit **certified copies of the Information Sheet** (a brief summary of the incident prepared by the court), **Charges** (a listing of the charges brought against you), **Judgment and Sentencing** (findings of the court and sentence imposed), **and verification that sentencing requirements are complete.** Certified copies are copies of court records obtained from the courthouse in the county/state where the action occurred, dated and signed by the court clerk, and affixed with the court seal. If the offense has been expunged, please submit a certified copy of the Order of Expungement. You may obtain these documents from the courthouse in the county or in the federal court of the district in which the court action occurred. Internet court documents (such as OCIS case

reports) and faxed records will not be accepted. **Please note that you must report all arrests and/or charges that have been brought against you.**

If you have reported a history of discipline on another nursing or health-related license, certificate, or recognition, please request that a certified copy of the Board order be submitted directly to the Board office. If you have reported a history of judicial declaration of incompetence, please contact the Board office for further instructions. This information should accompany your application and fee. Please note that arrests, disciplinary action, and judicial declaration of incompetence that have previously been reported in writing to the Board do not have to be reported again.

4. ***Evaluation of CRNA Credentials:*** Please complete the section on educational credentials accurately and completely. You must request that an official transcript with verification of your nurse anesthetist educational program be submitted, unless the official transcript was previously submitted for advanced practice recognition.
5. ***Current CRNA Certification Card:*** Please submit a current legible copy of your national certification card.
6. ***Current Professional Liability Insurance Coverage:*** Submit evidence of current professional liability insurance coverage that includes your name and expiration date of coverage.
7. ***Evaluation of Educational Preparation for Authority to Select, Order, Obtain and Administer Drugs:*** Please complete the section on educational experience in pharmacology to include all education submitted for evaluation. Submit documentation verifying continuing education in advanced pharmacology related to the administration of anesthesia as recognized by the American Association of Nurse Anesthetists (AANA) within the two year period immediately preceding the date of application. The documentation must include copies of certificates of completion verifying date of completion, target audience, name of course, name of licensee, number of units, and recognition by AANA. Please note that ACLS, PALS, and CPR courses do not meet the requirements for reinstatement. **If the CRNA authority to select, order, obtain and administer drugs has been lapsed or inactive for less than two years** prior to receipt of a completed application in the Board office, the CRNA must provide evidence of **eight (8) units** of continuing education in advanced pharmacology relating to the administration of anesthesia, as recognized by AANA, obtained within the two year period immediately preceding date of application. **If the CRNA's authority to select, order, obtain and administer drugs has been lapsed or inactive for two years or more** prior to receipt of a completed application in the Board office, the CRNA must meet the initial educational requirements of **fifteen (15) units** of continuing education in advanced pharmacology relating to the administration of anesthesia, as recognized by AANA, obtained within the two year period immediately preceding date of application.
8. ***DEA and OBNDD Registration:*** The CRNA with authority to select, order, obtain, and administer drugs who selects, orders, obtains, and administers Schedule II-V drugs will comply with state and Federal Drug Enforcement Administration (DEA) and Oklahoma Bureau of Narcotics and Dangerous Drug (OBNDD) requirements prior to selecting, obtaining, ordering, and administering controlled substances. Please complete the affidavit provided on the application form. The Oklahoma Board of Nursing must be notified immediately in writing when DEA registration is received. If either the OBNDD or the DEA registration lapses or is otherwise in an inactive status, the CRNA must immediately notify the Oklahoma Board of Nursing and cease selecting, ordering, obtaining and administering Schedule II-V drugs.

GENERAL INFORMATION

You are required to notify the Board in writing of any address changes within 30 days of the change. This notification must be signed and submitted in person, by mail, online, or by facsimile.

Your application to the Board for licensure is valid for one year after receipt. After that time, a new application and fee must be submitted. Please allow 14 days processing time from the date of receipt of your completed application in the Board office. Applications are processed in the order they are received. Repeated telephone calls will delay, rather than facilitate, the processing of your application. Please avoid calling the Board office to check on the status of your application until at least 14 days have passed since the date of receipt of your completed application in the Board office. **Fees submitted are not refundable.**

COMMON MISTAKES THAT DELAY APPLICATION PROCESSING

Common mistakes that delay the processing of your application include **failure to:**

- **Answer all application questions completely, or using white-out on the application**
- **Provide a Social Security number**
- **Provide the full name under which you were licensed (with the notation “NMN” if there is no middle name)**
- **Provide your RN license number**
- **Sign the application with the full legal name in the presence of a Notary Public, or signing illegibly**
- **Submit a current notarized national certification card in the area of your advanced practice specialty**
- **Submit required documentation for continuing education**

Educational Experience in Pharmacology

Please list all education in pharmacology that you wish to have evaluated as meeting the requirements for prescriptive authority. **It is not acceptable to state “See Attached”.** Attach or make arrangements to have mailed to the Board office documentation that supports the education, as described in the application instructions.

DATE	TITLE OF EDUCATION ACTIVITY	NAME OF CONTINUING EDUCATION PROVIDER	# OF CONTINUING EDUCATION UNITS

TOTAL NUMBER CONTINUING EDUCATION UNITS = _____

AFFIDAVIT

To be completed by the applicant before a Notary Public

I certify that I am the applicant who is referred to in the forgoing *Application for Return to Active/Reinstatement of CRNA Authority to Select, Order, Obtain and Administer Drugs* and that the statements included on this application and in the documentation submitted with this application are true and correct. I understand that false or misleading information in or in conjunction with my application may be cause for denial of the application and loss of licensure/certification/recognition.

I agree to advise the Oklahoma Board of Nursing immediately in writing of receipt of my Drug Enforcement Agency (DEA) registration.

Signature of Licensee _____
(Do not print or use initials)

Subscribed to and sworn before me, this _____ day of _____, 2_____.

Commission Expires

Notary Public

(SEAL)