

Oklahoma Board of Nursing
2915 N. Classen Boulevard, Suite 524
Oklahoma City, OK 73106
(405) 962-1800
www.ok.gov/nursing

**CRNA AUTHORITY TO SELECT, ORDER,
OBTAIN AND ADMINISTER DRUGS:
INSTRUCTIONS AND INITIAL APPLICATION**

Application Fee - \$85.00

Use this application if:

- You are currently licensed as a Registered Nurse in Oklahoma; and
- You hold Oklahoma licensure as a Certified Registered Nurse Anesthetist; and
- You have not been recognized previously in Oklahoma for authority to select, order, obtain, and administer drugs.

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

The *Oklahoma Nursing Practice Act* requires current licensure as a registered nurse and 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 consultation 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 periobstetrical period.

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 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 in Oklahoma as a Registered Nurse and as a Certified Registered Nurse Anesthetist.

Educational Preparation: The CRNA applying for initial authority to select, order, obtain and administer drugs must submit documentation verifying completion of a minimum of 15 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.

Current National Certification: You must hold current national certification with the American Council on Certification/Recertification of Nurse Anesthetists.

Renewal Requirements: Authority to select, order, obtain, and administer drugs must be renewed concurrently with registered nurse and advanced practice renewals in even-numbered years. If you are applying for initial authority to select, order, obtain, and administer drugs recognition within 90 days prior to the expiration date of your license, you must renew your license prior to the date the authority to select, order, obtain, and administer recognition is granted.

Review of Criminal History: Applicants for CRNA authority to select, order, obtain, and administer drugs who have ever been summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pleaded guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or requested to appear before any prosecuting attorney or investigative agency in any matter; **or** have ever had disciplinary action taken against another health-related license, recognition, or certification; **or** have ever been judicially declared incompetent are required to notify the Oklahoma Board of Nursing if the incident has not previously been reported in writing to the Board. Failure to report such action is a violation of the *Oklahoma Nursing Practice Act*.

INSTRUCTIONS FOR COMPLETION OF THE APPLICATION

1. ***Completion of application:*** Complete the application and affidavit accurately typed or in black or blue 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 correction fluid on the application.** When you are finished entering your information, print the completed application form and sign the application LEGIBLY, using your full legal name.

The application may also be completed and submitted online on our website: www.ok.gov/nursing. Click on the link for “Online Applications”.

2. ***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.

3. ***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 statement on the application form, 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 being summoned, arrested, taken into custody, indicted, convicted or tried for, or charged with, or pleaded guilty to, the violation of any law or ordinance or the commission of any misdemeanor or felony, or being requested to appear before any prosecuting attorney or investigative agency in any matter, you must submit **certified copies of the Information Sheet** (brief summary of the incident prepared by the court), **Affidavit of Probable Cause, Charges** (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/city where the action occurred, dated and signed by the court clerk, and affixed with the court seal. You may obtain these documents from the courthouse in the county/city 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 mental incompetence, please contact the Board office for further instructions. **This information should accompany your application and fee, unless you previously reported this information to the Oklahoma Board of Nursing in writing.**

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. In

addition, you must provide your CRNA certification number, so that your current, national certification can be verified online.

5. ***Evaluation of Educational Preparation for Authority to Select, Order, Obtain and Administer Drugs:*** Please submit the following documentation verifying a minimum of 15 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. 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.
6. ***DEA and OBNDL 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 (OBNDL) 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 OBNDL 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 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.**

If it is necessary to submit additional information/documents after your application is received, please attach the form titled "Information to be Added to the Application" to the document (see attached form). If the document is coming directly from another individual or entity, please provide the form to that individual or entity. This will help to ensure the document is added to your application file without delay.

In accordance with Oklahoma law (59 O.S. §567.7 (E)), the Executive Director shall suspend the license or certificate of a person who submits a check, money draft, or similar instrument for payment of a fee which is not honored by the financial institution named. The suspension

becomes effective ten (10) days following delivery by certified mail of written notice of the dishonor and the impending suspension to the person's address on file. Upon notification of suspension, the person may reinstate the authorization to practice upon payment of the fees and any and all costs associated with notice and collection. The suspension shall be exempt from the Administrative Procedures Act.

COMMON MISTAKES THAT DELAY APPLICATION PROCESSING

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

- **Answer all application questions completely**
- **Provide a legible application with no correction fluid used**
- **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, or signing illegibly**
- **Submit required documentation for continuing education**
- **Provide a complete description and documentation regarding a history of criminal charges, disciplinary action, or judicial declaration of incompetence**

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**APPLICATION FOR CRNA AUTHORITY TO
SELECT, ORDER, OBTAIN AND ADMINISTER DRUGS**

TYPE OR PRINT IN BLACK OR BLUE INK ONLY – DO NOT USE CORRECTION FLUID

I hereby make application for CRNA authority to select, order, obtain and administer medication in accordance with the statutes of the State of Oklahoma (59 O.S. §567.3a (10)(b)).

SECTION I: APPLICANT INFORMATION

Social Security# _____ - _____ - _____ Date of birth _____ / _____ / _____
**This information is mandatory, pursuant to 56 O.S. § 240.21A, MM DD YYYY
for administration of the tax laws of the State of Oklahoma.**

Name on nursing license: _____
First Middle or Maiden Last

My mailing address is:

_____ Box number or Street Address

_____ City

_____ State

_____ Zip

Telephone (Day) (_____) _____ (Evening) (_____) _____

Email Address: _____

SECTION II: EDUCATION

Name of CRNA educational program: _____

Location of program: _____

Graduation date: _____

Educational Experience in Pharmacology

Please list all education in pharmacology that you wish to have evaluated as meeting the requirements for authority to select, order, obtain and administer drugs. 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. Please attach an additional page if needed.

DATE OF CE ACTIVITY	TITLE OF CE ACTIVITY	NUMBER OF CE HRS APPROVED BY AANA	OBN STAFF REVIEW

TOTAL NUMBER CONTINUING EDUCATION UNITS = _____

SECTION IV: LICENSURE/CERTIFICATION HISTORY

Oklahoma RN license number _____ Expiration date _____
 (If you have applied for licensure, but are not yet licensed, write "pending".)

CRNA certification number _____ Expiration date _____

SECTION V: EMPLOYMENT INFORMATION

Please provide contact information for your current or most recent employer.

 Employer's name

 Employer's street address

 City/State/Zip

 Position Title

 Start Date

 Last Date Worked

SECTION VII: APPLICANT'S STATEMENT

Please check each of the following to verify your understanding:

- _____ I understand that I must complete the section on education credentials to include all education to be reviewed for eligibility for authority to select, order, obtain and administer drugs, and will submit to the Board office documentation to support education credentials.

- _____ I understand that I must maintain current national certification through the Council on Certification of Nurse Anesthetists.

- _____ I understand that I must request an official transcript from my advanced practice educational program, to include the conferral date of the degree, unless the official transcript is already on file at the Board office.

- _____ I understand that if I answer "yes" to any question related to criminal charges, disciplinary actions or judicial declaration of incompetence, I must submit to the Board certified copies of court records or the Board order.

- _____ I understand that, if I will be selecting, ordering, obtaining, and administering Schedule II – V drugs, I must comply with the Uniform Controlled Dangerous Substance Act requirements. This includes, but is not limited to, registering with the Drug Enforcement Administration (DEA). Once I have obtained the DEA registration number, I must notify the Oklahoma Board of Nursing in writing and provide the number.

- _____ I understand that authority to select, order, obtain and administer drugs allows the CRNA to select, order, obtain and administer legend drugs, Schedule II-V controlled dangerous drugs, devices and medical gases only when engaged in preanesthetic preparation and evaluation; anesthesia induction, maintenance and emergence; and postanesthesia care; only during the perioperative and periobstetrical period.

- _____ I understand that authority to select, order, obtain and administer drugs does not allow the CRNA to write outpatient prescriptions for any individual.

- _____ I understand that I may select, order, obtain and administer only those drugs that are included on the *Inclusionary Formulary*, as approved by the Oklahoma Board of Nursing.

AFFIDAVIT

Sign full name LEGIBLY – No initials – DO NOT PRINT – If no middle name, indicate "NMN".

I declare and affirm that the statements made in this application, including any and all accompanying documents prepared by me, are true, complete and correct. I understand that any false or misleading information in, or in connection with, my application, may be cause for denial or loss of licensure, certification, and/or recognition.

Signature of Applicant:

Print full legal name in the space below:

FIRST	MIDDLE	LAST
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DATE

INFORMATION TO BE ADDED TO APPLICATION

DATE _____ SOCIAL SECURITY NUMBER _____

NAME ON APPLICATION _____

TYPE OF APPLICATION ON FILE (Please check one):

- _____ Application or Rewrite Application for Licensure by Examination
- _____ Application for Licensure by Endorsement
- _____ Application for Reinstatement of a License, Certificate or Recognition
- _____ Application for Renewal of a License, Certificate or Recognition
- _____ Application for Advanced Practice Licensure or Prescriptive Authority Recognition
- _____ Other: _____

------(DETACH HERE)-----

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- _____ Other: _____