

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;**
- **You hold Oklahoma recognition 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 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 peribstretical 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 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. CRNAs with temporary recognition are not eligible for approval of authority to select, order, obtain and administer drugs.

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.

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

1. **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.
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 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. In addition, you must submit a **current legible copy of your national certification card**.
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 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**

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

Approved by _____
Date Approved _____

Application for CRNA Authority to Select, Order, Obtain and Administer Drugs

I hereby make application for CRNA authority to select, order, obtain and administer medication in accordance with the statutes of the state of Oklahoma [O.S. 567.3 a (10)(b)]. Please type or write/print legibly in dark ink only.

1. Full name _____

First
Middle
Maiden
Married
2. Mailing address _____ (____) _____

Street
City
State
Zip
Telephone #
3. Social Security Number _____ - _____ - _____ Date of birth _____

mm
dd
yy
4. Oklahoma RN License # _____ Expiration Date _____
Oklahoma License Pending? Yes No National Certification Number _____
5. Name and Address of Current or Most Current Employer, Position, Title, and Dates of Employment

Employer's Name _____

Employer's Address _____ (____) _____

City
State
Zip
Telephone #

Position
Title
Dates of employment

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 OF CONTINUING EDUCATION ACTIVITY	TITLE OF CONTINUING EDUCATION ACTIVITY	NUMBER OF CONTINUING EDUCATION UNITS APPROVED BY AANA

TOTAL NUMBER CONTINUING EDUCATION UNITS = _____

6. Will you be selecting, obtaining, ordering, and administering Schedule II-V drugs? Yes No
If yes, you must notify the Board in writing when DEA registration is received.

- 7. Have you ever been arrested in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations, not previously reported in writing to this Board? (Minor traffic violations do not include DUI.) Yes No
- 8. Have you ever been convicted of any offense in any state, territory, or country, including expunged offenses, with the exception of minor traffic violations, not previously reported in writing to this Board? Yes No
- 9. Have you ever received a deferred sentence for any offenses in any state, territory, or country, including expunged offenses, not previously reported in writing to this Board? Yes No
- 10. Have you ever been convicted of a felony not previously reported in writing to this Board? Yes No
- 11. Have you ever had disciplinary action taken against your nursing license, recognition or certificate; prescriptive authority; any health-related license, recognition or certificate; or any application for a nursing or health-related license, recognition or certificate in any state, territory or country, not previously reported in writing to this Board? Yes No
- 12. Have you ever been judicially declared incompetent in any state, territory or country, not previously reported in writing to this Board? Yes No

IF YOU ANSWERED "YES" TO ANY OF THE QUESTIONS FROM #7 THROUGH #12, PLEASE SUBMIT A LETTER AND CERTIFIED COPIES OF COURT RECORDS AS DESCRIBED IN THE INSTRUCTIONS.

AFFIDAVIT

(To be signed by applicant in front of a Notary Public – Do NOT print)

I certify that I am the applicant who is referred to in the forgoing *Application for 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/or loss of licensure/certification/recognition. I understand the following:

- 1. A CRNA administers anesthesia under the supervision of a medical doctor, osteopathic physician, podiatric physician or a dentist licensed in this state, and under conditions in which timely, on-site consultation by such medical doctor, osteopathic physician, podiatric physician or dentist is available.
- 2. A CRNA with the authority to order, select, obtain, and administer drugs shall be authorized to order, select, obtain and administer legend drugs, Schedule II-V Controlled Dangerous Drugs, devices and medical gases only when engaged in the preanesthetic preparation and evaluation; anesthesia induction, maintenance and emergence; and postanesthesia care, and only during the perioperative or periobstetrical period.
- 3. The CRNA with authority to order, select, obtain and administer Schedule II-V Controlled Dangerous Drugs shall comply with the Uniform Controlled Dangerous Substance Act requirements.
- 4. I will immediately notify OBN in writing that I have received DEA (Drug Enforcement Agency) registration.
- 5. I have reviewed the Inclusionary Formulary, the list of drugs that may be ordered, selected, obtained and administered by CRNAs, and I understand that a CRNA with the authority to order, select, obtain and administer drugs may only order, select, obtain and administer drugs from this formulary.
- 6. I will maintain current national certification as a Certified Registered Nurse Anesthetist.

Signature of licensee _____

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

My Commission Expires _____

Notary Public _____

(SEAL)