



Instructions For Certified Registered Nurse Anesthetists (CRNA) Applicants

INSTRUCTIONS:

- Mail the completed application and fee to the Board at:
State Board of Nursing, P.O. Box 2649, Harrisburg, PA 17105
- All questions must be answered completely, and all required fees must be submitted for the application to be processed.
- Social Security Numbers must be provided. If a Waiver of Social Security Number form is submitted in lieu of a Social Security number, it cannot be used to renew a CRNA certificate.*
- Application must be received in the Board office within 90 days from the date the affidavit is signed.
- Applications are valid for one year from the date the affidavit is signed.
- If a CRNA certificate is not issued within one year of application submission, a new application, including fees, may be required.
- To verify that the CRNA certificate was issued visit www.pals.pa.gov.

FEES:

- The \$103 fee must be submitted with the application.
- **Fees are nonrefundable** and must be paid by personal check, cashier's check or money order made payable to the "**Commonwealth of Pennsylvania.**"
- Check/money orders drawn on a foreign bank are only acceptable when "US funds" are identified on the check/money order.
- Applications will not be processed until the required fee is received.

NAME / ADDRESS:

- Applicant's legal name must be entered on the application.
- Mailed CRNA certificates are not forwarded by the US Postal Service.
- Licensees are responsible for advising the Board of any address or name change within 10 days of the change.

QUESTIONS: *If "YES" was checked for any legal question, submit the following along with your application:*

- A detailed, signed and dated personal explanation explaining the action, its background and any rehabilitation.
- Copies of criminal Court documents.
- Certified copies of all disciplinary actions from the Boards that imposed action.

CHILD ABUSE CONTINUING EDUCATION REQUIREMENT:

EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete **3 hours** of DHS- approved training in child abuse recognition and reporting requirements as a condition of licensure. Review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. Board approved providers may take up to 7 business days to electronically send verification of completion to the Board. A license will not be issued until this electronic verification is received.

ORGAN DONATION CONTINUING EDUCATION REQUIREMENT:

Effective May 1, 2026, registered nurses must complete at least 2 hours of Board-approved continuing education in organ and tissue donation and recovery process one time within 5 years of initial licensure or within 5 years of licensure renewal, whichever comes first.

* Note that disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services (DHS), the licensing boards must provide to DHS information prescribed by DHS about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

Requirements for Certified Registered Nurse Anesthetist (CRNA) Applicants

LICENSURE REQUIREMENTS:

An applicant for CRNA certification must meet the following requirements:

1. Hold a current, unrestricted license as a registered nurse in this Commonwealth or a multistate registered nurse license from another state.
2. Completed a Board-approved master's, post-master's or doctorate nurse anesthesia program accredited by Council on Accreditation (COA) or other Board-approved program that awarded an advanced degree or a course of study considered by the Board to be equivalent to that required for certification in this Commonwealth at the time the course was completed.
3. Hold current National certification as a CRNA by the NBCRNA or a board-recognized National certification organization.

APPLICATION SUBMISSION REQUIREMENTS

1. Submit an application for CRNA certification to the Board.
 - If you do not have a Social Security Number, complete the *Waiver of Social Security Number* form. State the reason why you do not have a Social Security Number.*
2. Request Verification of CRNA Education be submitted **directly** to the Board office.
 - A **Verification of CRNA Education Program** form must be completed by the program director where the nurse anesthesia education that qualified you for CRNA certification was completed.
 - The verification form must be received *directly* from your nurse anesthesia education program.
 - The verification form may be emailed to st-nurse@pa.gov or mailed to the Board's address, ATTN: Nurse Board.
3. An **official transcript** must be submitted directly to the Board from the nurse anesthesia program that awarded the master's, post-master's or doctorate nurse anesthesia degree.
 - The official transcript must designate the degree awarded and date the program was completed
 - The official transcript may be emailed to st-nurse@pa.gov or mailed to the Board's address below ATTN: Nurse Board.
 - A non-official transcript, such as a student copy or a transcript provided by the applicant, is not acceptable.

4. Request **Verification of National Certification** be submitted **directly** to the Board office.
 - Contact the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) or from a Board-recognized National certification organization for nurse anesthesia.
 - The verification may be emailed to st-nurse@pa.gov or mailed to the Board's address, ATTN: Nurse Board.
5. Request **Verification of Licensure** be submitted **directly** to the Board office, if licensed/certified as a CRNA in another state or jurisdiction.
 - The other state/jurisdiction verification of licensure may be emailed to st-nurse@pa.gov or mailed to the Board's address below ATTN: Nurse Board.
 - Contact that jurisdiction directly about any fee charged for verification of licensure/certification.
6. Complete a fingerprint-based **FBI background check** through IdentoGO for review.
 - You must pre-register for fingerprinting services through IdentoGO and use the following service code to ensure the Board has access to your results: **1KGFJV**
 - The FBI Background Check must be dated within 180 days of the date the application is submitted to the Board.
 - Provide a copy of your confirmation receipt with your application materials.
 - The Board cannot accept an FBI Identity History Summary report, and you must complete the process noted above.

MALPRACTICE INSURANCE REQUIREMENT

Once licensed, a CRNA must maintain professional liability coverage at a level required for non-participating health care providers.

PROGRAM ACCREDITATION

The program must be accredited by Council on Accreditation of Nurse Anesthesia Educational Programs of the American Association of Nurse Anesthesiology (COA) or other Board-approved program that awarded an advanced degree or a course of study considered by the Board to be equivalent to that required for certification in this Commonwealth at the time the course was completed



Pennsylvania
Department of State
State Board of Nursing

**APPLICATION FOR CERTIFICATION AS A CERTIFIED REGISTERED NURSE ANESTHETIST
(CRNA)**

Include the **\$103 fee** and all required documents. All fees are non-refundable.

APPLICANT INFORMATION: Print **clearly** in blue or black ink only.

Name as listed on your RN license: _____
Last First Middle

Other names that may appear on official documents: _____

Date of Birth: _____ U.S. Social Security Number: _____
MM/DD/YYYY

Street Address: _____

City: _____ State: _____ Zip: _____

LICENSE INFORMATION: Provide the RN license number exactly as it appears on Nursys.

Pennsylvania RN License Number: _____ Expiration Date: _____

OR

RN Multistate License Number: _____ Jurisdiction: _____

RN Multistate License Expiration Date: _____

PROFESSIONAL INFORMATION:

		YES	NO
1.	Are you recognized as a Certified Registered Nurse Anesthetist (active or inactive status) by any other state?		
If you answered yes to the above question, list <u>all</u> states.			
2.	Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?		
If you answered yes to the above question, provide the profession and state/jurisdiction for each. Attach a page for any additional information.		PROFESSION	STATE/JURISDICTION

Name: _____ SSN: (last 4 digits) _____

ANSWER THE FOLLOWING QUESTIONS:

		YES	NO
1.	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
2.	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3.	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
4.	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
5.	Have you ever had your DEA registration denied, revoked or restricted?		
6.	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
7.	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?		
8.	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
9.	Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice nursing in a competent, ethical, and professional manner?		

CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA) EDUCATION:

Type of Graduate Degree Awarded: Master's ☐ Post-Master's ☐ Doctorate ☐

Other ☐ _____
Please Specify

College/University Name and Campus Address: _____

City _____ State _____ Zip Code _____

Program Completion Date: _____
mm/dd/yyyy

Name: _____ SSN: (last 4 digits) _____

CRNA NATIONAL CERTIFICATION:

Were you eligible to take a nurse anesthesia national certification exam upon program completion?

Yes ☐ No ☐

If yes, National Certification Organization: _____

Current CRNA National certification number: _____ Expiration date: _____
mm/dd/yyyy

VERIFICATION STATEMENTS:

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa.C.S. § 4911.

I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

☐ I confirm that I have read and agree to the terms above.

Signature: _____ Date: _____
mm/dd/yyyy



Pennsylvania
Department of State
State Board of Nursing

VERIFICATION OF NURSE ANESTHESIA EDUCATION PROGRAM				
SECTION A – TO BE COMPLETED BY APPLICANT				
APPLICANT INFORMATION				
NAME:	Last	First	Middle	
OTHER NAME(S):				
DATE OF BIRTH:		LAST 4 DIGITS OF SSN:		
ADDRESS:				
CITY / STATE / ZIP:				
Section B. Completed by the Program Director or Designee of the CRNA Educational Program <u>after</u> all program requirements have been met.				
FULL NAME OF THE NURSE ANESTHESIA PROGRAM:				
ADDRESS (city/state):				
DATE OF PROGRAM COMPLETION:		DEGREE TYPE AWARDED:		
IS THE PROGRAM ACCREDITED BY COA OR OTHER BOARD-APPROVED ACCREDITING BODY?			☐ YES	☐ NO
DID COMPLETION OF THIS PROGRAM MAKE THE GRADUATE ELIGIBLE TO TAKE A NATIONAL CERTIFICATION EXAM?			☐ YES	☐ NO
IF YES: PROVIDE THE NAME OF THE NATIONAL CERTIFICATION ORGANIZATION:				
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT				
SIGNATURE OF DIRECTOR/DEAN/REGISTRAR:				
DATE OF SIGNATURE:				

DIRECTOR / DEAN / REGISTRAR: RETURN DIRECTLY TO THE PENNSYLVANIA STATE BOARD OF NURSING AS A PDF FILE TO ST-NURSE@PA.GOV OR IN AN OFFICIAL SCHOOL ENVELOPE TO THE BELOW ADDRESS ATTN: BOARD OF NURSING.