



Council on Certification of Nurse Anesthetists

Do not staple check or RN license to this form.

OFFICE USE ONLY

Review date	_____	
Eligible	YES	NO
Conditional	YES	NO
Reviewer	_____	

2009

Application for Certification Examination

- This application must be typed or word processed.** Provide all information requested and enclose a copy of your current RN license along with the \$725 fee. **Copies of web verification of RN licensure are only accepted if the state board of nursing no longer issues paper licenses.**
- The name on this form and the name on the photo ID used at the test center must match.** Name changes cannot be made by CCNA or Pearson VUE between the completion of this form and before taking the examination.
- The address listed in #2 on this application will be used for the mailing of your Certification Exam eligibility materials and test results. **Test results cannot be sent to a P.O. Box.**
- An original CCNA transcript must be submitted directly by the Program Director of the completed accredited nurse anesthesia educational program.
- The \$725 application fee includes CERT Exam Fee and Federal Express fee for sending exam results. Make cashier's check or money order payable to: Council on Certification of Nurse Anesthetists. **Do not send a personal check or cash.**

State Board Notification. The CCNA does **not** automatically notify state boards of nursing of a candidate's eligibility to take the exam. If official notification of eligibility is required for advanced practice licensure in the state where you wish to practice, you must submit an official board form or a written request with this application.

The CCNA automatically sends verification of certification to the state board of nursing in your state of residence and one additional state if requested in #3 below. Additional notifications must be requested in writing and require a \$25 fee per notification.

1. Name: _____
(first name) (middle initial) (last name)

2. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

No PO Box; all results will be sent by Federal Express and there is no service to a PO Box.

3. One additional state board of nursing for notification of certification:

4. AANA ID #: _____ 5. Social Security Number: _____ / _____ / _____ 6. Birth date: _____
(month/day/year)

7. Maiden Name: _____ 8. E-mail: _____
(Required) (print clearly)

Telephone

9. Numbers: Home: () _____ Cell: () _____

10. Nurse Anesthesia Program Code #: _____ 11. Date of Enrollment in Nurse Anesthesia Program: _____ 12. Date of Completion: _____
(month/day/year) (month/day/year)

13. Number of review courses taken for Certification Exam outside of nurse anesthesia program? _____

(next page)

14. Signature and Certification of Applicant — I certify that:

- a. My registered nurse and/or advanced nurse practice license(s) has never been revoked, restricted, suspended or limited by any state, has never been surrendered, and is not the subject of a pending action or investigation;
- b. I do not currently suffer from a mental or physical condition which might interfere with the practice of nurse anesthesia;
- c. I do not currently suffer from drug or alcohol addiction or abuse;
- d. I have not been convicted of and am not currently under indictment for any felony; and
- e. Except for incidents occurring during the nurse anesthesia educational program which were thereafter satisfactorily resolved, I have not been the subject of any documented allegations of misconduct, incompetent practice, or unethical behavior.
- f. I have never been dismissed from a nurse anesthesia program or had any disciplinary action including probation taken against me for unethical behavior, questions of academic integrity or documented evidence of cheating.

If you cannot make the above certification, you must provide full documentation of the reasons therefore with sufficient specificity to allow the Council to evaluate the possible impact of the problem on your current ability to practice nurse anesthesia and to resolve the issue to the Council's satisfaction.

Signature

Date

15. Waiver of Liability and Agreement of Authorization, Confidentiality, and Nondisclosure

I hereby apply to the Council on Certification of Nurse Anesthetists for examination by the Council and issuance to me of initial certification as a Certified Registered Nurse Anesthetist, in accordance with and subject to the procedures and regulations of the Council. **I have read and agree to the conditions set forth in the 2009 Candidate Handbook covering the administration of the Certification Examination, the certification process and the Council's policies. I agree to disqualification from examination, to denial of certification, and to forfeiture and redelivery of any certificate granted me by said Council in the event that any of the statements or answers made by me in this application are false or in the event that I violate any of the rules or regulations governing such examination.**

I authorize the Council on Certification of Nurse Anesthetists to make whatever inquiries and investigations it deems necessary to verify my credentials and professional standing. I also authorize the Council to release my examination result to the Program Director of my Nurse Anesthesia Educational Program. I understand that this application and any information or material received or generated by the Council in connection with my certification will be kept confidential and will not be released unless I have authorized such release or such release is required by law. However, the fact that I have or have not been certified is a matter of public record and may be disclosed. Finally, I allow the Council on Certification to use information from my application and subsequent examination for the purpose of statistical analysis, provided my personal identification with that information has been deleted.

I have read and understand the information provided in the handbook for candidates. Under penalty of perjury, I declare that the foregoing statements are true. I understand that false information may be cause for denial or revocation of the certification credential. I also understand that I can be disqualified from taking or continuing to sit for an examination, or from receiving examination results, if the Council on Certification of Nurse Anesthetists determines, through proctor observation, statistical analysis or any other means, that I was engaged in collaborative, disruptive, or other irregular behavior before, during the administration of, or following the examination or that the integrity or validity of the examination is in question.

I understand that the content of the Certification Examination and each individual Certification Examination item, is the property of the Council, is copyrighted and is strictly confidential information. I understand that the retention, possession, copying, distribution, disclosure, discussion, or receipt of any examination question, in whole or in part, by written, electronic, oral or other form of communication, including but not limited to e-mailing, copying or printing of electronic files, and reconstruction through memorization and/or dictation, before, during or after the examination, is strictly prohibited. I further understand that, in addition to constituting irregular behavior subject to disciplinary action such as denial of eligibility to take the Certification Examination now or in the future, or revocation of certification, such activities violate the Council's proprietary rights, including copyrights, and may subject me to legal action resulting in monetary damages. I have not been the recipient of any Certification Examination questions, nor have I been involved in any disclosure, distribution or discussion of any Examination questions, and following this Examination, I will not disclose, distribute, or discuss any Examination question. I will inform the Council if I am aware of anyone who discloses any Certification Examination question(s) or asks me to disclose any Certification Examination question(s). I understand that evidence of unethical or inappropriate behavior may result in revocation or permanent denial of certification.

I hereby agree to hold the Council on Certification of Nurse Anesthetists, its members, examiners, officers, employees, and agents, harmless from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, the application process, any examination given by the Council, any grade relating thereto, the failure to issue me any certificate, or any demand for forfeiture or redelivery of such certificate. I understand that the decision as to whether I qualify for certification rests solely and exclusively with the Council and that the decision of the Council is final. I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT AND I INTEND TO BE LEGALLY BOUND BY IT.

Signature

Date