NBCRNA
National Board of Certification & Recertification for Nurse Anesthetists

REENTRY PROGRAM - APPLICATION FOR APPROVAL

This application must be approved by the NBCRNA before the Reentry Program Candidate begins STEP # 1 of the 4-STEP Reentry Program. Please fill in all information, either electronically or clearly printed.

Applicant Information

First Name_____ Middle Initial_____ Last Name _____

Address_____

City_____ State_____ ZIP Code _____

Preferred Phone_____ Email_____

CRNA ID #_____ Last Practice Date as a CRNA (MM/DD/YYYY)_____ RN #/ State_____

Application Fee

In addition to the completed application, **a $500 application fee** must be submitted to the NBCRNA, paid with a credit card.
To pay the fee, go to www.NBCRNA.com and login. From the menu, select Payments > Pay Open Invoices > Add to Shopping Cart.
Enter credit card information and submit.

Program Requirements

The Reentry Program consists of four sequential steps, all of which must be completed within a consecutive 24-month period, starting on the date of enrollment in the Reentry Program. The following is a summary of the steps. Step One through Step Three must be completed within 12 consecutive months after Reentry Program enrollment. Step Four must be completed within 24 consecutive months after Reentry Program enrollment.

• **Step One:** Complete 100 CE credits; minimum 60 Class A and the remainder may be either Class A or B, 4 Core Modules (one in each of the four content areas), provide evidence of valid BLS and ACLS certifications.

• **Step Two:** Pass the NBCRNA Reentry Examination. The Reentry Examination content is consistent with the content of the CPC Assessment. For reference, the CPC Assessment content outline is available on the NBCRNA website.

• **Step Three:** Successfully complete a list of NBCRNA-identified activities at an NBCRNA-recognized simulation center in order to move to Step Four of the program.

• **Step Four:** Provide evidence of nurse anesthesia employment within the 12 consecutive months following completion of Step Three of the program or by the end of the 24-month Reentry Program, whichever is shorter. Complete CPC Compliance Application.

Applicant Agreement

I declare that, to the best of my knowledge, all statements made in this application and in any accompanying materials are true. I understand that any willful false statements made may jeopardize my acceptance into the Reentry Program.

Applicant Signature_____ Date (MM/DD//YYYY _____

For Office Use Only

Date of Approval to Begin_____ Expected Reentry Program Completion Date_____
Fee_____ Date Paid_____ Approval Signature_____