

This form must be typed

Date: _____

AANA ID # _____

Nurse Anesthesia Educational Program Completion Certification Recertification

Name: _____ RN Lic # _____ APRN Lic # _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip Code)

Name of Council on Accreditation of Nurse Anesthesia Educational Programs (COA) Accredited Nurse Anesthesia Academic Program Completed:

Enrollment and Completion Dates: From: _____ To: _____

Type of Program Completed: Post Master's Certificate Master's Degree Doctoral Degree Other _____

Verification of Certification/Recertification

The nurse anesthetist (CRNA) identified above was initially certified upon passing a national written certification examination in anesthesia nursing. **Note:** Certification for nurse anesthetists is an entry into advanced practice credential and does not expire.

Initial date of certification: _____ Date eligible for Recertification: _____

The CRNA identified above is currently recertified by the Council on Recertification of Nurse Anesthetists

From: _____ To: _____

Recertification is current: Yes No

Recertification has lapsed: Yes No

CRNA has a provisional or conditional Recertification: Yes No



Karen Plaus

Karen Plaus, PhD, CRNA, FAAN
Executive Director, National Board on Certification and
Recertification of Nurse Anesthetists