

This form must be typed

1. **Applicant:** \_\_\_\_\_  
(Last) (First) (Middle)

2. **Address:** \_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

3. **Daytime telephone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(Area Code/Number)

4. **AANA ID #:** \_\_\_\_\_ **5. Date last engaged in anesthesia practice:** \_\_\_\_\_  
(Month/Day/Year)

6. **Continuing Education (CE) Refresher Component. Indicate how you plan to fulfill the CE requirement.**

\_\_\_\_\_ a. Attend CE meetings that are prior approved by the AANA or another recognized approval organization. I will be responsible for maintaining a record of all the CE credits I earn and will submit the required documentation to the Council on Recertification as the credits are earned for review for eligibility.

\_\_\_\_\_ b. Enrollment in CE Refresher Course prior approved by AANA.

■ Name of CE Refresher Course: \_\_\_\_\_

■ Name of Contact Person: \_\_\_\_\_

7. **Materials to submit with application:**

■ \$500 application fee. The \$500 application fee must be submitted to the Council on Recertification with this application for Approval of the CE Refresher Component before the Nurse Anesthetist begins to earn the CE credits.

8. **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 Refresher Program.

Nurse Anesthetist  
Refresher Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

## Continuing Education Refresher Component

↑3 ↓5 yrs \_\_\_\_\_ ↑5 ↓7 yrs \_\_\_\_\_ ↑7 yrs \_\_\_\_\_

Fee \_\_\_\_\_ Check # \_\_\_\_\_ Date Paid \_\_\_\_\_

Approval To Begin Individual CE Component: \_\_\_\_\_ Approval To Begin Prior Approved CE Refresher Course: \_\_\_\_\_

Expected Date of Refresher Completion: \_\_\_\_\_ Approval Signature: \_\_\_\_\_