



# **Policies and Procedures for Discipline, Administrative Action and Appeals**

# Contents

<b>NBCRNA Overview</b> .....	<b>4</b>
Vision .....	4
Mission .....	4
History .....	5
Purpose.....	5
Structure.....	6
NCCA Accreditation.....	6
ABSNC Accreditation .....	6
<b>Policies and Procedures for Discipline, Administrative Action and Appeals</b> .....	<b>7</b>
<b>I. Grounds for Disciplinary or Administrative Action</b> .....	<b>7</b>
A. Automatic Denial, Suspension or Revocation of Certification .....	7
B. Discretionary Denial, Suspension or Revocation of Certification.....	7
C. Administrative Action .....	8
<b>II. Procedures for Disciplinary and Administrative Actions</b> .....	<b>8</b>
A. General.....	8
B. Conduct Subject to Automatic Disciplinary Action or to Administrative Action.....	9
C. Initial Procedure for Conduct That May Result in Disciplinary Action .....	10
D. Initial Review and Hearing by the Review Committee .....	11
<b>III. Disciplinary and Administrative Sanctions</b> .....	<b>12</b>
A. Sanctions for Conduct Deemed to Warrant Disciplinary Action.....	12
B. Other Actions with Respect to Conduct Deemed to Warrant Disciplinary Action .....	12
C. Administrative Remedies.....	13
<b>IV. Appeals</b> .....	<b>13</b>
A. Request for Appeal .....	13
B. Appeal Procedure.....	14
<b>V. Application for Reinstatement Following Disciplinary Action</b> .....	<b>15</b>
<b>VI. Submissions to the NBCRNA</b> .....	<b>15</b>

*This publication contains information about NBCRNA's Policies and Procedures for Discipline, Administrative Action and Appeals. Nurse Anesthetists are responsible for knowing the contents of this handbook as well as any additional applicable NBCRNA policies (e.g., please see NBCRNA's General Information and Policies Handbook).*

*All correspondence and requests for information should be sent to the NBCRNA at [info@nbcrna.com](mailto:info@nbcrna.com). The NBCRNA does not discriminate on the basis of age, sex, race, religion, national origin, ethnicity, disability, marital status, sexual orientation, and gender identity.*

*NBCRNA primary certification and recertification programs are accredited by the following organizations:*



# NBCRNA Overview

The National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA) is a not-for-profit corporation organized under the laws of the state of Illinois. NBCRNA credentialing provides assurances to the public that certified individuals have met objective, predetermined qualifications for providing nurse anesthesia services. A nurse anesthetist who is certified by the NBCRNA is expected to respect basic human rights and the dignity of all patients; protect the patient from harm; advocate for the patient's welfare and collaborate with other members of the health professions; be responsible and accountable for his or her actions; maintain confidentiality of patient information, except when disclosure is required by law; and maintain the knowledge and skill necessary for competent nurse anesthesia practice.

While state licensure provides the legal credential for the practice of professional nursing, private voluntary certification indicates compliance with the professional standards for practice in this clinical nursing specialty. The certification credential for nurse anesthetists has been institutionalized in many position descriptions as a practice requirement or as the standard for demonstrating equivalency. It has been recognized in state nurse practice acts and state rules and regulations.

The primary purpose of the NBCRNA is to seek to ensure that nurse anesthetists have the necessary knowledge and skills to practice safely and effectively. In so doing, it also protects the value of the CRNA credential. The NBCRNA has designed objective criteria intended to determine whether an individual holding the NBCRNA-issued CRNA credential is properly licensed, has attested to engagement in the practice of nurse anesthesia; has participated in continuing education and other activities sufficient to indicate an effort to keep current with advances, and is free of any mental, physical, or other problems that may interfere with the practice of nurse anesthesia. Whenever program eligibility criteria are developed and/or revised, the NBCRNA engages multiple stakeholders to ensure appropriate consideration has been given as to the impact of NBCRNA decisions.

NCCA defines competence as "the ability to perform a task, function, or role at a level that meets or exceeds prescribed standards in the workplace" (NCCA, 2016) and continuing competence as demonstrating "specified levels of knowledge, skills, or ability throughout an individual's professional career" (NCCA, 2016). These concepts serve as the foundation underpinning the NBCRNA certification and continued certification programs.

## Vision

The vision of the NBCRNA is to be recognized as the leader in advanced practice nurse credentialing.

## Mission

The mission of the NBCRNA is to promote patient safety through credentialing programs that support lifelong learning.

## History

The primary certification program for nurse anesthetists was introduced by the American Association of Nurse Anesthetists (AANA) in 1945. It was initially administered by the Credentials Committee of the AANA. In 1975, the AANA approved the establishment of councils for the accreditation and certification processes, and the Council on Certification of Nurse Anesthetists (CCNA) assumed the responsibility for the National Certification Examination (NCE). By this action, the profession recognized that credentialing mechanisms, which include examination and certification, function to protect and benefit the public.

Realizing that evidence of continued professional excellence was becoming increasingly important in our society, the AANA Board of Directors in 1968 directed the AANA Education Committee to study the issue of recertification. At the AANA Annual Meeting in 1969, a bylaw was adopted to establish an optional program to provide certificates to members who had demonstrated they had completed clinical and didactic experiences reflective of the changes in nurse anesthesia practice within a five-year period. Recognizing that continuing education provides one means to assess current educational and knowledge levels of practitioners, a mandatory continuing education program was adopted by the AANA membership at the 1976 Annual Meeting, with full implementation effective August 1, 1978.

In September 1978, the AANA membership adopted the bylaw revisions providing for an organizational restructuring of the Association and establishing a Council on Recertification of Nurse Anesthetists (COR). Bylaw provisions granting the COR autonomy were adopted in 1983. In 2007, the CCNA and the COR became independent of the AANA, and together they incorporated as the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).

With its continued mission to promote patient safety, the NBCRNA implemented the Nonsurgical Pain Management subspecialty certification in 2015 and the Continued Professional Certification (CPC) Program in 2016.

## Purpose

The purpose of the NBCRNA includes, but is not limited to, seeking to ensure that nurse anesthetists have the necessary knowledge and skills to practice safely and effectively. In so doing, it also protects the value of the CRNA credential. The NBCRNA is responsible for:

- Formulating, adopting and confirming compliance of initial and subspecialty certification eligibility requirements for nurse anesthetists
- Formulating, adopting and confirming compliance of recertification and continued professional certification (CPC) eligibility requirements for nurse anesthetists
- Formulating, adopting and confirming compliance of the requirements for eligibility for admission to NBCRNA-administered examinations or assessments including, but not limited to, the SEE, NCE, NSPM exam, and the CPC Assessment
- Formulating, adopting and administering NBCRNA-created examinations or assessments to candidates who have met all requirements for examination or assessment and have been found eligible

No national organization can expect to determine the specific procedures that any individual nurse anesthetist is qualified to perform. Neither can any national organization determine whether an individual nurse anesthetist may have developed an impairment that could interfere with the proper administration of anesthesia. Ultimately, these judgments must be entrusted to the individual nurse anesthetist and to those with whom he or she works.

## Structure

The NBCRNA Board of Directors is composed of nurse anesthetists who hold the NBCRNA-issued CRNA credential and who are actively engaged in clinical practice or in teaching or administration of a nurse anesthesia educational program; a board-certified surgeon and a board-certified anesthesiologist, both of whom have a current working relationship with nurse anesthetists; and a representative of the public at large.

## NCCA Accreditation

The primary certification and recertification programs of the NBCRNA are accredited through April 2022 by the National Commission for Certifying Agencies (NCCA), a private not-for-profit organization. The NCCA is the accrediting branch of the Institute for Credentialing Excellence (ICE), which is the national standard setting organization for credentialing groups, including certification boards, licensing boards, and associations. The NBCRNA (and before it, the CCNA and COR) has been continuously accredited by the NCCA since 1980.

NCCA accreditation means that the NBCRNA credentialing programs meet the highest national voluntary standards for private certification. It means that the programs have been reviewed by an impartial commission and deemed to have met the nationally accepted criteria and guidelines of the NCCA.

## ABSNC Accreditation

The primary certification and recertification programs of the NBCRNA are accredited through July 2022 by the Accreditation Board for Specialty Nursing Certification (ABSNC) of the American Board of Nursing Specialties (ABNS). The NBCRNA (and before it, the CCNA and COR) was one of the first national credentialing organizations to be recognized and accredited by the ABSNC.

The ABNS, established in 1991, is the national peer review program for specialty nursing credentialing organizations. ABNS serves as the national umbrella organization for nursing specialty certification boards authorized and recognized to certify nurse specialists in the United States. It promotes the highest quality of specialty nursing practice through the establishment of standards of professional specialty nursing certification.

# Policies and Procedures for Discipline, Administrative Action and Appeals

Certified Registered Nurse Anesthetists (“CRNAs”), examinees, and applicants for Certification, Recertification, or Continued Professional Certification (“CPC”) (collectively, “certification”) are subject to disciplinary or administrative action for engaging in conduct that NBCRNA regards as inconsistent with unrestricted certification. This Policy sets forth the conduct that can lead to sanctions, the procedures that will govern, the sanctions that can be imposed, the appeal rights of any individual who is sanctioned, and provisions for reinstatement of certification.

## I. Grounds for Disciplinary or Administrative Action

### A. Automatic Denial, Suspension or Revocation of Certification

Any of the following developments will result in automatic denial, suspension, or revocation of certification:

1. Loss or surrender of licensure or other authority to practice nurse anesthesia in any state for any reason that, in the judgment of the NBCRNA, relates to the anesthetist’s safe or ethical practice of nurse anesthesia
2. Adjudication by a court or a regulatory authority that the nurse anesthetist is mentally or physically incompetent
3. Suspension or termination from participation in a federal health care program for reasons relating to the, unsafe, unlawful or unethical practice of nurse anesthesia
4. Conviction of, or pleading no contest to, a crime which, in the judgment of the NBCRNA, relates to the anesthetist’s safe or ethical practice of nurse anesthesia

### B. Discretionary Denial, Suspension or Revocation of Certification

Any of the following developments may result in denial, suspension, or revocation of certification:

1. Loss or surrender of licensure or authority to practice nurse anesthesia in any state for any reason other than retirement or cessation of practice unrelated to any disciplinary action or concern about possible disciplinary action
2. Conviction of, or pleading no contest to, a crime
3. Engaging in unethical conduct
4. Provision of false or incomplete information to the NBCRNA in connection with the credentialing process
5. Dishonest or deceptive behavior related to any NBCRNA examination or assessment, database, or intellectual property, cheating on an examination or assessment administered by the NBCRNA, inappropriate use of examination or assessment questions, or assisting another individual to engage in any such conduct

6. Unauthorized use of any NBCRNA credential or other health professional designation or false claim of certification or other professional designation
7. Violation of any NBCRNA policy or failure to cooperate with an NBCRNA investigation or audit
8. Any other conduct that, in the judgment of NBCRNA, calls into question the ability of the nurse anesthetist to serve patients in an honest, competent, and professional manner

## **C. Administrative Action**

Any of the following developments will result in administrative action, in accordance with this policy:

1. Unexcused failure to pay fees or other monetary obligations by the due date
2. Placement of any condition or restriction on licensure in any state
3. Failure to meet the eligibility requirements for certification
4. Failure to comply with requirements for certification unless an exception has been granted in advance
5. Receipt of a failing score on any NBCRNA examination or assessment

# **II. Procedures for Disciplinary and Administrative Actions**

## **A. General**

1. Disciplinary or administrative action may be instituted based on information that NBCRNA learns itself or information that is brought to its attention by others.
2. All matters involving discipline or administrative action will be reviewed in the first instance by NBCRNA Staff ("Staff"), with requests for review where provided for in this Policy, by a Review Committee comprised of three (3) members of the Board of Directors appointed by the President with the approval of the Board. A majority of members of the Review Committee shall be nurse anesthetists.
3. The Staff may elect to refer any matter to the Review Committee as an initial matter. Any such review will be conducted in accordance with the procedure described in Section II.D of this Policy.
4. Any final decision of the Review Committee may be subject to appeal, in accordance with Section IV of this Policy, to an Appeals Committee consisting of three (3) members of the Board of Directors appointed by the President with the approval of the Board. No one who has been involved in a decision that is being appealed may serve on the Appeals Committee reviewing that decision. A majority of members of the Appeals Committee shall be nurse anesthetists.
5. No one who is in competition with a nurse anesthetist whose conduct is under review or who has a personal relationship with such nurse anesthetist shall participate in any stage of the review process. The President shall have the sole discretion to decide whether this paragraph excludes any individual from the review process.



6. If a member of the Review Committee or Appeals Committee has a conflict of interest or the appearance of a conflict of interest, the President shall appoint another member of the Board as a substitute in that matter. The President shall have the sole discretion to decide whether a conflict of interest or the appearance of a conflict of interest exists.

## **B. Conduct Subject to Automatic Disciplinary Action or to Administrative Action**

1. Any conduct that will result in automatic disciplinary action or administrative action will be addressed in the first instance by the Staff. With respect to matters involving automatic disciplinary action, Staff shall make a reasonable effort to ascertain the facts, subject to the following standard of review:
  - a. For disciplinary action under Section I.A.1, Staff will use reasonable efforts to ascertain whether the licensure or authority to practice has been lost or surrendered, and if so, whether the grounds for such loss or surrender were related to the anesthetist's safe or ethical practice of nurse anesthesia.
  - b. For disciplinary action under Section I.A.2, Staff will use reasonable efforts to ascertain whether a court or regulatory authority has adjudicated the nurse anesthetist to be mentally or physically incompetent.
  - c. For disciplinary action under Section I.A.3, Staff will use reasonable efforts to ascertain whether the nurse anesthetist has been suspended or terminated from participation in a federal health care program, and if so, whether the grounds for such loss or surrender were related to the anesthetist's unlawful or ethical practice of nurse anesthesia.
  - d. For disciplinary action under Section I.A.4, Staff will use reasonable efforts to ascertain whether the nurse anesthetist was convicted of or pled no contest to a crime, and if so, whether the crime relates to the anesthetist's safe or ethical practice of nurse anesthesia.

If Staff concludes that there has been conduct that warrants automatic disciplinary action or administrative action, Staff will recommend a sanction that it deems just in the circumstances, up to and including suspension and/or revocation. Staff shall have the authority to impose a suspension effective immediately, which suspension may be accompanied by a recommendation for revocation. If the nurse anesthetist does not seek review by the Review Committee within the timeframe required herein, then any recommended action, including revocation, shall become effective immediately. Staff will notify the nurse anesthetist of any suspension or other recommended sanction and the reasons for the sanction by certified mail or by such other method as Staff deems appropriate. Staff shall include a copy of the applicable sections of the NBCRNA Disciplinary Policy with the notice.

2. Except as provided in Paragraph 3 of this Section B, a nurse anesthetist who believes that any suspension or other recommended sanction is inappropriate may, within fourteen (14) business days after notification by NBCRNA, seek reconsideration by the Staff to the extent there is new information available. A nurse anesthetist who seeks reconsideration by the Staff and who is not satisfied with the outcome may, within fourteen (14) business days after notification by the Staff, seek review by the Review Committee. A nurse anesthetist who does not wish to seek reconsideration by the Staff may, within fourteen (14) business days after notification by the Staff, seek review by the Review Committee.

3. The following are not subject to either review by the Review Committee or to any appeal:
  - a. Receipt of a failing score on an NBCRNA examination or assessment
  - b. Failure to meet the eligibility requirement for certification, with the exception of the circumstances described in Section II.B.4
  - c. Imposition of a fee based on an adverse decision
  - d. Grant of an interim (Conditional) status of certification/recertification/CPC Compliance
  - e. Denial of CPC Program reported Class A or B activities
4. Nurse anesthetists who have failed to pass the CPC Assessment on the fourth attempt and have been denied eligibility for continued certification, may request review or appeal of the adverse decision in accordance with the procedure described in this Policy. The NBCRNA will not, under any circumstances, extend a nurse anesthetist's expiration date for CPC Compliance. CPC certification will expire on schedule, even if there is a pending review or appeal.
5. Any request for reconsideration by the Staff or review by the Review Committee shall be accompanied by a statement of reasons supporting the position of the nurse anesthetist -- and also any documentation that is thought to support those reasons. Any request for reconsideration by Staff or review by the Review Committee shall not be considered unless it is accompanied by such statement and supporting documentation.
6. Any request for review by the Review Committee shall be accompanied by payment of a fee in such amount as may from time to time be established by the Board of Directors. Any such review shall be governed by the procedure set forth in subsection D of this Section II. Any request for review by the Review Committee shall not be considered by the Review Committee unless it is accompanied by a statement of reasons, supporting documentation, and payment of the required fee.
7. Any nurse anesthetist who has had discipline imposed pursuant to this Policy may apply to the Staff of the NBCRNA to have the sanction lifted once the action that resulted in the discipline has been remedied.

## **C. Initial Procedure for Conduct That May Result in Disciplinary Action**

1. Any conduct of a nurse anesthetist that may result in disciplinary action will first be reviewed by NBCRNA Staff. Staff shall make a reasonable effort to ascertain the relevant facts.
2. If, after attempting to ascertain the facts, Staff determines that there is no basis for disciplinary action, the matter will be closed. However, the NBCRNA will retain a record of the background information provided in the anesthetist's file and will refer to this record should any disciplinary matters arise in the future.
3. If, after attempting to ascertain the facts, Staff concludes that there is reason to believe that conduct has occurred that might warrant disciplinary action, Staff will recommend a sanction that it deems just under the circumstances, up to and including suspension and/or revocation. Staff shall have authority to impose a suspension effective immediately, which suspension may be accompanied by a recommendation for revocation. If the nurse anesthetist does not seek Staff reconsideration or review by the Review Committee within the timeframe required herein, then any recommended action, including revocation, shall become effective immediately. Staff will notify the nurse anesthetist of any suspension or other recommended sanction and the reasons for the

sanction by certified mail or by such other method as Staff deems appropriate. Staff shall include a copy of the applicable sections of the NBCRNA Disciplinary Policy with the notice.

4. Any request for review by the Review Committee shall be accompanied by payment of a fee in such amount as may from time to time be established by the Board of Directors. Any such review shall be governed by the procedure set forth in subsection D of this Section II. Any request for review by the Review Committee shall not be considered by the Review Committee unless it is accompanied by a statement of reasons, supporting documentation, and payment of the required fee.

## **D. Initial Review and Hearing by the Review Committee**

1. If a timely request for review by the Review Committee is received from a nurse anesthetist or Staff, the Review Committee shall set a date for the hearing. The hearing shall be by telephone unless the Review Committee decides to hold an in-person hearing. If the Review Committee holds an in-person hearing, the Review Committee shall determine the time and place of such hearing. All expenses of the nurse anesthetist in connection with any review by the Review Committee shall be borne by the nurse anesthetist.
2. The Review Committee shall consider the notice of adverse decision and/or the request for review, including any supporting documentation submitted by the nurse anesthetist or prepared by NBCRNA Staff. The Review Committee also may, at its discretion, request and/or review additional information. The foregoing shall constitute the Review Record. A copy of the Review Record shall be forwarded to the nurse anesthetist at least fourteen (14) calendar days before the meeting of the Review Committee.
3. At any hearing, the nurse anesthetist may present his or her position or have that presentation made by counsel. However, neither the nurse anesthetist nor counsel may call or cross-examine witnesses or take any action other than to present the nurse anesthetist's position to the Review Committee and answer questions posed by that Review Committee (or counsel for the NBCRNA). The Review Committee shall determine the length of time allotted for presentation by, or on behalf of, the nurse anesthetist – and any other procedures that will govern.
4. The formal rules of evidence shall not apply to the hearing before the Review Committee. Instead, the Review Committee shall be allowed to consider any information that is relevant to the inquiry.
5. After the hearing, the Review Committee shall determine what, if any, action should be taken with respect to the nurse anesthetist based on the conduct in question.
6. The Review Committee shall notify the nurse anesthetist of its decision in writing by certified mail or by such other method as the Review Committee deems appropriate. The notification shall include the sanction imposed, if any, and a statement of the reasons for the decision. It shall make reference to the right of the nurse anesthetist to request an appeal within thirty (30) business days after notification of the decision. If the nurse anesthetist fails to request an appeal within the timeframe required herein, then the imposed sanction shall become effective immediately. If a timely appeal is requested, the imposed sanction shall not become effective until a final decision is reached by the Appeal Committee; provided, however, that immediate suspensions imposed by Staff pursuant to Section II.B shall be effective immediately.
7. If the Review Committee determines that the nurse anesthetist has not engaged in any conduct in violation of this Policy, it shall close the matter. However, a record of the matter shall be maintained in the file of the nurse anesthetist.

# III. Disciplinary and Administrative Sanctions

## A. Sanctions for Conduct Deemed to Warrant Disciplinary Action

The sanctions for conduct that is deemed to warrant disciplinary action shall include the following:

1. **No Action.** It may be determined that, even though there has been conduct in violation of this Policy, no discipline needs to be imposed. However, a record of the matter will be retained in the nurse anesthetist's file and may be referred to should any disciplinary matter involving the nurse anesthetist arise in the future.
2. **Letter of Concern.** It may be determined that NBCRNA will issue a Letter of Concern to the nurse anesthetist if a more severe form of discipline is deemed not to be appropriate. The NBCRNA will not report a Letter of Concern to any licensing board or other authority.
3. **Letter of Censure.** It may be determined that NBCRNA will issue a Letter of Censure to the nurse anesthetist if the conduct at issue is deemed to warrant censure but not denial, suspension, or revocation of certification. NBCRNA shall report a Letter of Censure to the appropriate state boards of nursing and/or to the National Council of State Boards of Nursing RN and APRN database.
4. **Denial, Suspension, or Revocation of Certification.** It may be determined that NBCRNA will deny, suspend, or revoke the certification of the nurse anesthetist if the conduct at issue is deemed to call into question (a) the ability of the nurse anesthetist to provide quality care for patients or (b) the honesty or integrity of the nurse anesthetist or (c) any of the grounds identified in Section I of these Policies and Procedures. NBCRNA may set a specific period of time during which the nurse anesthetist shall not be eligible to reapply for certification or reinstatement. If the certification of a nurse anesthetist is denied, suspended, or revoked, NBCRNA shall report the action to the appropriate state boards of nursing and/or to the National Council of State Boards of Nursing RN and APRN database.
5. **Other Action.** It may be determined that NBCRNA will require such other action as is deemed appropriate in the circumstances, *e.g.* referral to a course of rehabilitation as a condition of continued certification; requiring the retaking of an examination or assessment at a time and place and in a format to be determined by the NBCRNA; requiring the nurse anesthetist to wait a specified period of time before applying to take an NBCRNA examination.

Any disciplinary action against a nurse anesthetist will be retained in the nurse anesthetist's file and may be referred to should any disciplinary matter involving the nurse anesthetist arise in the future.

## B. Other Actions with Respect to Conduct Deemed to Warrant Disciplinary Action.

In addition to the sanctions set forth above, NBCRNA may take the following actions against anyone who has been determined to have engaged in conduct warranting disciplinary action or conduct deemed unlawful by the Board of Directors:

1. Notify interested parties of the disciplinary action and, where appropriate, the reasons for the action. Such notification may be published on the NBCRNA's website and provided to the National Practitioner Data Bank, the NCSBN, any state licensing authority with which the nurse anesthetist

holds a license to practice as a nurse anesthetist, the federal government, the nurse anesthetist's employer, and other interested parties, including individuals seeking information about the nurse anesthetist's certifications status.

2. Take legal action against a nurse anesthetist, and anyone thought to be aiding or abetting a nurse anesthetist, who has engaged in conduct deemed unlawful by NBCRNA, including, but not limited to, any copyright infringement or other infringement of NBCRNA's intellectual property rights in connection with NBCRNA examinations, assessments or other works.
3. File a complaint against a nurse anesthetist, or anyone thought to be aiding or abetting the nurse anesthetist, with appropriate regulatory authorities.

## C. Administrative Remedies

NBCRNA Staff shall impose such remedies for developments that require administrative action as are reasonably necessary to address the issue:

1. Upon payment of all delinquent fees, the certification of a nurse anesthetist shall be reinstated.
2. Upon removal of all conditions and restrictions on licensure, certification shall be reinstated.
3. Upon a nurse anesthetist meeting all eligibility requirements and other requirements for certification, the certification process shall go forward.

# IV. Appeals

## A. Request for Appeal

1. A nurse anesthetist who has received notification of an adverse decision by the Review Committee may request an appeal to the Appeals Committee by filing a Request for Appeal with NBCRNA within thirty (30) business days after notification of the decision of the Review Committee. Any Request for Appeal shall be accompanied by payment of an appeal fee in such amount as may from time to time be set by the Board of Directors. A Request for Appeal shall not stay the effective date of the sanction except in cases of suspension imposed by Staff under Section II.B.

Any Request for Appeal shall explain why the nurse anesthetist believes that the decision of the Review Committee or the remedy imposed by the Review Committee was erroneous. Except as provided in subparagraphs 3 and 4, it shall include any documents or other materials that the nurse anesthetist believes support the Request. Any appeal that is not accompanied by the required statement, documentation, and fee shall not be forwarded to the Appeals Committee.

2. The information submitted in the Request for Appeal shall be limited to the information submitted to the Review Committee. New information shall not be considered by the Appeals Committee.
3. Notwithstanding the foregoing, if relevant information was not available at the time of the Review Committee's review, but becomes available within thirty (30) business days after the date of the notice of the Review Committee's decision ("Valid New Information"), the nurse anesthetist may submit Valid New Information for additional consideration by the Review Committee. If the Review Committee reaches an adverse decision after reviewing the Valid New information,

the nurse anesthetist may submit a written Request for Appeal, which shall include the Valid New Information considered by the Review Committee.

4. If a timely Request for Appeal is not received, the decision of the Review Committee shall constitute the final decision of the NBCRNA on the matter and shall not be subject to further review and shall not be appealable in a court of law.

## **B. Appeal Procedure**

1. Upon receipt of a request for appeal, the Appeals Committee shall, at its sole discretion, determine whether to hold a hearing or whether to require that all submissions be made in writing. The Appeals Committee shall notify the nurse anesthetist in writing by certified mail of that date of the hearing or, if the appeal will be conducted in writing, the date that the nurse anesthetist's written submission is due. Hearings shall be by telephone unless the Appeals Committee decides to hold an in-person hearing. If the Appeals Committee holds an in-person hearing, the Appeals Committee shall determine the time and place of such hearing. All expenses of the nurse anesthetist in connection with any appeal shall be borne by the nurse anesthetist.
2. At any hearing, the nurse anesthetist may present his or her position or have that presentation made by counsel. However, neither the nurse anesthetist nor counsel may call or cross-examine witnesses or take any action other than to present the nurse anesthetist's position to the Appeals Committee and answer questions posed by that Appeals Committee. The Appeals Committee shall determine the length of time allotted for presentation by, or on behalf of, the nurse anesthetist -- and any other procedures that will govern.
3. After the hearing or review of written submissions, as applicable, the Appeals Committee shall determine whether to affirm, modify, or reverse the decision of the Review Committee -- or to remand the matter to the Review Committee for further proceedings. The decision of the Appeals Committee shall be based on (a) whether the decision of the Review Committee was (a) procedurally fair and (b) supported by substantial evidence.
4. If, during the course of its review, the Appeals Committee shall become aware of Valid New Information, it may discontinue its review and remand the matter back to the Review Committee for further consideration.
5. The Appeals Committee shall notify the nurse anesthetist of its decision in writing by certified mail or by such other method as the Appeals Committee deems appropriate. The notification shall include a statement of the reasons for the decision.
6. Unless the Appeals Committee has remanded the matter to the Review Committee for further proceedings, the decision of the Appeals Committee shall be final and shall not be appealable in a court of law.

## V. Application for Reinstatement Following Disciplinary Action

1. A nurse anesthetist whose certification has been denied or revoked for a specified time period may reapply to the NBCRNA following expiration of such time period.
2. A nurse anesthetist whose certification has been denied or revoked as a result of a loss of licensure or a condition or restriction placed on his or her licensure may submit a written request for reinstatement to the NBCRNA Staff after his or her license has been reinstated or after all conditions and restrictions on licensure have been removed.
3. If a sanction was imposed based on conviction of, or pleading no contest to, a crime, the nurse anesthetist may not apply for reinstatement until all sentences have been served and, unless the Review Committee grants an exception, all judgments have been satisfied.
4. Except as specified above and except in cases in which a sanction is expressly conditioned upon the achievement of certain conditions or the passage of specific amounts of time, a nurse anesthetist may apply to the NBCRNA Staff for reinstatement at any time. Action on any application for reinstatement shall be at the sole discretion of NBCRNA.

## VI. Submissions to the NBCRNA

Whenever there is a requirement for a written notice, request or other writing to be submitted to the NBCRNA, such writing shall be addressed to the following:

John Preston, DNSc, CRNA, FNAP, APN  
Chief Credentialing Officer  
National Board of Certification and Recertification for Nurse Anesthetists  
8725 W. Higgins Rd, Suite 525  
Chicago, IL 60631  
Tel: (855) 285-4658  
Fax: (708) 669-7636