

REENTRY PROGRAM - APPLICATION FOR APPROVAL

This application must be approved by the NBCRNA before the nurse anesthetist begins STEP # 1 of the 3-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 _____

Home Phone _____ Cell Phone _____

Email _____

ID # _____ Date last engaged in anesthesia practice (MM/DD/YYYY) _____

Application Fee

In addition to the completed application, a **\$500 application fee** must be submitted to the NBCRNA, paid with a credit card or via PayPal. To pay the fee, go to www.NBCRNA.com > Login > Requests > select Reentry Program Fee from the drop-down menu > click Make a Request > enter credit card information > click Finish.

Program Requirements

The Reentry Program consists of three sequential steps, all of which must be completed within a consecutive 24-month period, starting with the date of enrollment in the Reentry Program. The following is a summary of the three steps. BOTH Step One and Step Two must be completed within 12 consecutive months after Reentry Program enrollment. Step Three must be completed within 24 consecutive months after Reentry Program enrollment.

Step One: Complete 60 Class A credits, 40 Class B credits, 4 Core Modules (one in each of the four content areas), provide evidence of valid BLS and ACLS certifications, and pass the Reentry Examination in order to move to Step Two of the program. Information regarding these items can be found in the Continued Professional Certification (CPC) Program Handbook available on the NBCRNA website.

Step Two: Complete a list of NBCRNA-identified activities at an accredited simulation center in order to move to Step Three of the program.

Step Three: Provide evidence of nurse anesthesia employment within the 12 consecutive months following completion of Step Two of the program or by the end of the 24-month Reentry Program, whichever is shorter.

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 _____