



**Oregon State Board of Nursing**

17938 SW Upper Boones Ferry Road • Portland, OR 97224-7012

Phone: 971-673-0685 • Fax: 971-673-0684 • Website/Verification: www.oregon.gov/OSBN

## Verification of Supervised Practice in Oregon for CRNA Students of Out-of-State Programs

CRNA student applicant name: \_\_\_\_\_

In order to perform clinical practice as a CRNA student in Oregon, you must meet the following criteria. Please check each box and provide the requested information in the blanks:

- Current unencumbered Oregon RN license # \_\_\_\_\_
- Enrollment in a nurse anesthesia program accredited by a state-approved accrediting body (list accrediting body, generally AANA) \_\_\_\_\_
- Verification of regional accreditation and/or Board of Nursing approval from the state in which the program originates:
  - Letter attached, or
  - Copy of verification from Board of Nursing/regional accrediting body website.
- A signed preceptor agreement between the CRNA program and the CRNA or physician anesthesiologist who has agreed to serve as a preceptor.
- Identification of the faculty advisor at the home university responsible for general supervision of the CRNA student and their program.

### Preceptor Information

*The signature below verifies to the Oregon State Board of Nursing that you agree to provide direct supervision to the student named in this application:*

Preceptor's Signature and Title: \_\_\_\_\_

Preceptor - Print Name: \_\_\_\_\_

Preceptor Oregon License Number: MD \_\_\_\_\_ CRNA \_\_\_\_\_

Site Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates of Clinical Practicum: \_\_\_\_\_

### Home University or Program Faculty Advisor Information

*The signature below verifies that you agree to provide general supervision to the student named in this application:*

Advisor's Signature and Title: \_\_\_\_\_

Advisor- Print Name: \_\_\_\_\_

Advisor's Contact Number: (\_\_\_\_\_) \_\_\_\_\_

Name of University or Program: \_\_\_\_\_