

**APPLICATION FOR  
RALEIGH SCHOOL OF NURSE ANESTHESIA**

Instructions: Type or print with ink pen. Respond to all items on the application. Complete and accurate information is essential for proper consideration of your application. All information must be true. Evidence of false, deceptive, or misleading information at any time henceforth will result in disqualification of application and may include dismissal or rejection from the Program without refund of tuition or fees.

**PERSONAL INFORMATION**

Social Security Number \_\_\_\_\_ UNCG Student Number \_\_\_\_\_

Email Address \_\_\_\_\_

Full Name      Last                                  First                                  Middle

Address      Street                                  City                                  State                                  Zip Code

Telephone      Home                                  Work                                  Other

**EDUCATION (begin with most current/recent education)**

Colleges/Universities	Location (City/State)	Course of Study	Degree/ Year

Have you ever been admitted to, attended, or been dismissed from any nurse anesthesia program?

\_\_\_\_\_ No                                  \_\_\_\_\_ Yes      Name of Program \_\_\_\_\_

**PROFESSIONAL CREDENTIALS**

RN License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

BLS Expiration Date \_\_\_\_\_

ACLS Expiration Date \_\_\_\_\_

PALS Expiration Date \_\_\_\_\_

**EMPLOYMENT HISTORY (begin with current or most recent job)**

Employment Mo/Year	Employer Name/City State	Job Title Department	Shift	Full/Part time	Supervisor	Reason for Leaving
From: To:						
From: To:						
From: To:						
From: To:						
From: To:						

Please provide the following information regarding your most recent critical care experience:

Type of unit \_\_\_\_\_ Number of beds \_\_\_\_ Average length of patient stay \_\_\_\_\_

How many patients with the following interventions do you manage during a typical week?

Swan-Ganz \_\_\_\_\_ Vasoactive Infusions \_\_\_\_\_ Arterial Line \_\_\_\_\_

Ventilator \_\_\_\_\_ Intra-aortic balloon pump \_\_\_\_\_

Include you skill level in managing the following:

	Independently Managed	Managed with assistance	Limited experience	No experience
Swan-Ganz				
A-line				
Ventilators				
Drips				
IABP				

**All information submitted on this application is true and correct.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Complete the following checklist to make sure your application is complete:**

- \_\_\_\_\_ \$50 application fee (personal checks are accepted)
- \_\_\_\_\_ Completed application for Raleigh School of Nurse Anesthesia with Student ID# from UNCG application. (Resumes in lieu of completed applications will not be accepted)
- \_\_\_\_\_ Completed Immediate Supervisor Evaluation (by a supervisor in an ICU setting)
- \_\_\_\_\_ Completed Professional Colleague Evaluation
- \_\_\_\_\_ Copy of your nursing license if current information and verification of said license is not available online
- \_\_\_\_\_ Copy of your current ACLS, BLS, and PALS certification
- \_\_\_\_\_ Copy of MAT or GRE scores (photo copy will be acceptable)
- \_\_\_\_\_ Official transcripts from all colleges/universities attended (may be sent in a sealed envelope from student as long as they are indicated as "official transcripts") (Be sure to include UNCG transcript if you are currently enrolled in core courses.)
- \_\_\_\_\_ Copy of your acceptance letter from the Graduate School UNCG if you have already received one.