

**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 |
|-----------------------|-----------------------|-----------------|-----------------|
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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:

- _____ \$75 application fee (certified check or money order)
- _____ 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.
- _____ Proof of your CCRN Course