



Nurse Anesthesia Application Procedure and Requirements

ADMISSION REQUIREMENT:

1. Successful admission to National University.
2. Bachelor of Science in Nursing (BSN) from a NLNAC or CCNE accredited College or University or Bachelor of Science in a related physical science with licensure as a registered nurse.
3. Current unrestricted/unencumbered (clear/active) license as a registered nurse in one of the states of the United States, with eligibility for licensure throughout all states in the United States.
4. A cumulative grade point average (GPA) of 3.0 on all undergraduate courses or 3.25 on the last 60 hours of undergraduate courses on a 4.0 scale.
5. Science GPA of 3.0 or greater.
6. Successful completion of the following prerequisite courses:
 - a. Pharmacology:
 - b. Anatomy with Lab:
 - c. Physiology:
 - d. General Chemistry (with lab)
 - e. Undergraduate statistics
7. A minimum of one full year of critical care experience in an intensive care unit within the past three years as a registered nurse. Emergency department and other experiences will be considered on an individual basis. Operating room, OB, and PACU experience is not accepted as critical care experience.
8. Three favorable evaluations/recommendations from:
 - a. Current clinical supervisor
 - b. Fellow critical care nursing peer or anesthesia provider
 - c. Academic faculty or clinical educator familiar with your academic abilities
9. Professional certification in any of the following preferred: CCRN, TNC, CEN, or CFRN.
10. Current ACLS and PALS certification
11. Shadow experience in the OR with a CRNA or Anesthesiologist
12. Successful personal interview



13. Ability and willingness to travel for clinical rotation assignments, and to be flexible when required to change clinical sites at short notice.

14. Ability to meet the didactic and clinical requirements of the curriculum.

Didactic and clinical professional and physical competency standards include:

- **Ability to observe and communicate.** Nurse anesthetists must be able to observe, hear, and understand evidence about a patient's status quickly and accurately as well as communicate rapidly and clearly with patients, members of the healthcare team, and others.
- **Physical capabilities and motor skills.** Nurse anesthetists are required to move, transfer, and position patients and to locate and arrange equipment as needed; to be sufficiently mobile to provide care to several patients at a time, and to have sufficient dexterity, hand/eye coordination, and stamina to operate complicated instruments and perform procedures for prolonged periods.
- **Cognitive skills and intellectual capacities.** Nurse anesthetists are able to understand complex medical information related to patient needs and care; to transcribe and communicate that information quickly and accurately; and to distinguish standard from nonstandard patterns of patient behaviors and responses.
- **Decision making skills.** Nurse anesthetists are expected to demonstrate the capacity to gather, organize, assess, prioritize, make decisions, and then act on information appropriately so as to facilitate the prompt and timely delivery of patient care.
- **Behavioral and social attributes.** Nurse anesthetists should exhibit professionally appropriate behaviors at all times with patients, members of the healthcare delivery team, and the public. These behaviors include capacities to establish rapport and trust including respect for team roles and norms; to preserve confidentiality; to communicate clearly with patients, other health care providers and the public; to complete work in a timely manner; and to demonstrate commitment to ensuring the quality of and upgrade the practice of nurse anesthesia.



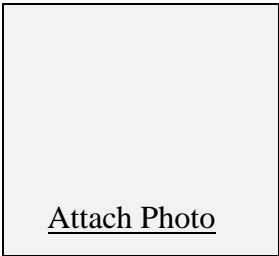
Application Check List

1. Application to National University (completed on NU website).
2. Supplemental Application for Nurse Anesthesia Program. **Place all of the following items in an envelope and mail together as one package.**
 - Completed Supplemental Nurse Anesthesia Program Application with photograph attached (available on the NU Nurse Anesthesia Program website)
 - Personal Resume
 - Professional Goal Statement (maximum of 1000 words)
 - Official transcripts** in sealed envelopes. (include with supplemental application package)
 - Three recommendations, completed, sealed, and signed across the envelope closure by the person writing the recommendation (forms available on website)

Mail to:
National University
Nurse Anesthesia Program
ATTN: Laura Lee- Program Assistant
20 River Park Place West
Fresno, CA 93720-1551

You should have your current clinical supervisor, academic faculty member familiar with your academic performance, critical care nursing peer or anesthesia provider fill out the Recommendation Form available on the web site, and have them returned to you. Once you have completed and obtained all of the above information then mail together in one envelop.

All of the above requirements are required in order to be considered for an interview. All applicants must meet the admission requirements stated on the application and have an active application to the University itself.



NATIONAL UNIVERSITY
NURSE ANESTHESIA PROGRAM

NURSE ANESTHESIA PROGRAM APPLICATION

In addition to completing the National University Graduate School Application, applicants for the Master of Science, Nurse Anesthesia Program must complete this form to be considered for admission. Please type or clearly print in black ink. This form must be completed and returned to NU Nurse Anesthesia Program, Attn: Laura Lee- Anesthesia Program Assistant, 20 River Park Place West, Fresno, CA 93720-1551

- 1. Name Last Middle First
2. Anticipated Enrollment Year
3. Phone (H) (C)
4. E-mail address
5. Mailing Address
6. Social Security Number
School of Nursing Date of first RN license

7. RN License:

Table with 3 columns: License number, State, Expiration date

Has your license in Nursing or any other Health Profession ever been disciplined? (Revoked, suspended, placed on probation, or reprimanded) or voluntarily surrendered in any state or jurisdiction? [] Yes [] No

Have you ever been the subject of a nursing board disciplinary action? [] Yes [] No

Is your license currently suspended, revoked or on probation or reprimanded for any reason? [] Yes [] No

Have you ever been denied a professional nursing license? [] Yes [] No

Have you ever been convicted of a felony? [] Yes [] No

Have you ever received an "other than honorable" discharge from any branch of the US military? If yes, Explain [] Yes [] No

8. Are you an international student? [] Yes [] No

If English is your second language, you must take the Test of English as a Foreign Language (TOEFL) and score a minimum of 550 on the paper based test, or 213 On the computer-based test, or 79 on the Internet based test. (For comparable tests Contact the School of Nursing Advisor)



9. Do you speak Spanish proficiently? Yes No

10. Have you ever attended another Nurse Anesthesia Program? Yes No

If yes, explain. _____

**If you marked 'yes', you MUST submit a letter of good standing

11. Post Secondary Education

Institution	Degree Conferred	G.P.A

12. Professional Certification

Type of Certification	Issuing Agency	Expiration date

Note: Students are required to have current BLS, ACLS and PALS after acceptance into the program and prior to entry and to maintain current certification throughout the program.



13. Critical Care Experience:

Name of Facility	City and State	Critical Care Specialty Area List area (examples) SICU, CVICU, MICU, ICU, CCU, NICU, PICU, ER	From-To Month/Yr	Full/Part time	Shift worked

I certify that the statements that I made on the Supplemental Application Form are accurate and complete. I understand that withholding, misrepresenting, or falsifying information on this form and/or the Graduate Application Form may make me ineligible for admission to the Program, or subject to dismissal after acceptance into the program.

I authorize the program to make inquires of my employers/educational institution.

Signature of Applicant: _____ Date: _____



**National University
Master of Science, Nurse Anesthesia Program**

RECOMMENDATION FORM

Section one: To be completed by applicant.

Applicant:			
Last	First	Middle	Social Security Number
Applying for class 20_____			
I hereby voluntarily waive and relinquish any right of access to this confidential letter of e		I retain my right of access to this letter of Evaluation.	
Applicant Signature	Date	Applicant Signature	Date

Section Two

Instructions: One form to be completed by Clinical Supervisor, Critical Care Nurse- Peer, and a previous academic faculty or a Clinical Educator that can speak to the applicants ability to succeed in academic rigor. (One recommendation from each category must be submitted)

***A letter may be attached in lieu of completing the narrative.**

A. Familiarity with Applicant

1. How do you know applicant? How well do you know applicant?

2. How long have you known applicant?



B. Applicant's Personal Attributes

Please evaluate the applicant in each of the following categories by checking the appropriate column

Personal Attributes	Excellent (upper 10%)	Above Average (upper 33%)	Average (Middle 33%)	Below Average (Lower 10%)	Not Known
Emotional Maturity					
Integrity					
Motivation					
Social Values					
Intellectual ability					
Quality of Expression					
Organization Ability					
Rapport with others					
Leadership Qualities					
Work Ethic					

C. Narrative comments:

Please provide any additional information that you feel would be of value to the Admissions Committee in considering this applicant.



D. Overall Recommendation

Considering all of the applicants to nurse anesthesia programs that you have known, please check the box indication the category in which you would like to place this applicant.

- Recommend enthusiastically – upper 10 percent of applicants
- Recommend with confidence – upper one-third of applicants
- Recommend with reservation – lower one-third of applicants
- Do not recommend (please explain)

E. Evaluator's information:

Nursing Supervisor's Name: _____
Title: _____
Hospital/clinical facility: _____
Mailing Address: _____
City/State _____ / _____ Zip: _____
Phone: _____ Date: _____
Evaluator's Signature: _____ Date: _____
<p>Please return this evaluation in an official sealed envelope with signature across the envelope closure directly to the applicant to include in their supplemental application packet.</p> <p>Rev: 10/2014</p>