Nurse Anesthesia Application Procedure and Requirements

ADMISSION REQUIREMENT:

1. Successful admission to National University. Apply online at www.nu.edu

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 within the past three years as a registered nurse. Operating room, step-down units, cath lab, 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 performance

9. Professional certification in any of the following preferred: CCRN, TNC, CEN, or CFRN.

10. Current ACLS and PALS certification

11. Shadow experience with a CRNA or Anesthesiologist

12. Undergraduate or Graduate level pathophysiology course recommended

13. Successful personal interview

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

15. 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.
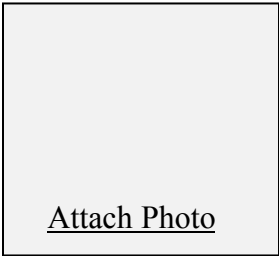
Application Check List

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.

Mail to:
National University
Nurse Anesthesia Program
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 provide recommendation. <u>Once you have completed and obtained all of the above information then mail together in one envelop.</u>

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
DOCTOR OF NURSE ANESTHESIA PROGRAM

NURSE ANESTHESIA PROGRAM APPLICATION

In addition to completing the National University Graduate School Application, applicants for the DNAP 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, 20 River Park Place West, Fresno, CA 93720-1551**

1. Name _____   2. Anticipated Enrollment Year _____
        Last   Middle   First

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:

License number	State	Expiration date

Has your license in Nursing or any other Health Profession <u>ever been</u> 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 <u>currently</u> 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?   ☐ Yes   ☐ No

 If yes, Explain_____

.   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. 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

10. Post Secondary Education

Institution	Degree Conferred	G.P.A

11. 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.

12. 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

13. Indicate your skill level in the following categories:

	Numbers Per week	Numbers per week Independently	Numbers per week with Assistance	Number of years experience	No Experience
Arterial monitoring					
Central Venous Pressure					
Swan Ganz Catheter					
Intra-aortic Balloon Pump					
Vasoactive Drugs					
Ventilators					

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: _____