

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 <u>preferred</u>: 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 NO 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 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.



Attach Photo

NATIONAL UNIVERSITY DOCTOR OF 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: Dr. Nathan Adams, DNP, CRNA, 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			
Sc	chool of Nursing			Date of first RN license				
	RN License:			_				
, ·	RIV Electise.	License number	State	Expiration date				
	Has your license in Nursi	ng or any other Healt	th Professi	on ever been disciplined?				
	(Revoked, suspended, pla							
	surrendered in any state o		□ Yes		No			
	Have you ever been the st	linary 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 denie	ed a professional nurs	sing license	e?	□ Yes		No	
	Have you ever been conv	icted of a felony?			□ Yes		No	
Have you ever received an "other than honorable" discharge from								
	any branch of the US m	iilitary?			□ Yes		No	
	If yes, Explain							
8.	If English is your second Language (TOEFL) and s	language, you must to score a minimum of 5 est, or 79 on the Intern	50 on the	est of English as a Foreign paper based test, or 213 est. (For comparable tests	□ Yes		No	



Ifv	9. Have you ever attended another Nurse Anesthesia Program? If yes, explain. **If you marked 'yes', you MUST submit a letter of good standing					□ Yes	□ No
10. Pos	st Secondary Edu	cation					
	Institution		Degree Conferred	G.	P.A		
_							
11. Pro	ofessional Certific	eation					
	Type of Certification		Issuing Agency		Expiration date		
							_
No	ote: Students are	required to hav	e current BLS. ACLS and P	ALS aft	er acceptance in	to	
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.							
	itical Care Experi	ence: City and State	e Critical Care Specialty	Aron	From-To	Full/Part	Shift
1	Tvame of Facility City and Stat		List area (examples) SICU CVICU, MICU, ICU, CCU NICU, PICU, ER		Month/Yr	time	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	No Experience
Arterial monitoring		maependentry	Assistance	experience	
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:	