

**SCHOOL OF NURSE ANESTHESIA**

**APPLICATION FOR ADMISSION - ENTRY TO PRACTICE**

(Please type all information, save and email the completed form to [ynhhsna@ynhh.org](mailto:ynhhsna@ynhh.org))

1. Name \_\_\_\_\_  
(last) (first) (middle) (maiden)

2. Address \_\_\_\_\_  
(street) (city) (state) (zip code)

3. Telephone \_\_\_\_\_ e-mail address \_\_\_\_\_

4. Place of Birth \_\_\_\_\_

5. School of Nursing \_\_\_\_\_

Location \_\_\_\_\_ Attended from \_\_\_\_\_ to \_\_\_\_\_

Degree/Major \_\_\_\_\_

6. Baccalaureate Institution \_\_\_\_\_

Location \_\_\_\_\_ Attended from \_\_\_\_\_ to \_\_\_\_\_

Degree/Major \_\_\_\_\_

7. List additional colleges attended or courses taken;  
have all transcripts forwarded directly to YNHHSNA

8. Military Service (Branch) \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

Position/Responsibilities \_\_\_\_\_

9. Nursing Experience (List current employer first. Continue on page 2 if needed).

1. \_\_\_\_\_  
(hospital) (city & state) (from-to)

\_\_\_\_\_  
(position and responsibilities)

2. \_\_\_\_\_  
(hospital) (city & state) (from-to)

\_\_\_\_\_  
(position and responsibilities)

3. \_\_\_\_\_  
(hospital) (city & state) (from-to)

\_\_\_\_\_  
(position and responsibilities)

4. \_\_\_\_\_  
(hospital) (city & state) (from-to)

\_\_\_\_\_  
(position and responsibilities)

5. \_\_\_\_\_  
(hospital) (city & state) (from-to)

\_\_\_\_\_  
(position and responsibilities)

10. Please list active professional licensure/date.

State \_\_\_\_\_  
State \_\_\_\_\_

Registration # \_\_\_\_\_  
Registration # \_\_\_\_\_

11. Personal References: a.) from a current supervisor b.) from an unrelated physician, APRN, PA or a professor who has known the applicant for > 3 years c.) from the dean of the nursing school graduated from verifying successful completion of program and awards if applicable.)

a. Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

b. Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

c. Name of director of nursing school when graduated:

Name \_\_\_\_\_

Address \_\_\_\_\_

Position \_\_\_\_\_

**Please request recommendations to be sent to:**

Program Director  
Yale New Haven Hospital School of Nurse Anesthesia  
1450 Chapel Street - MOB #216  
New Haven, CT 06511-4405  
(203) 789-3351

12. Have you ever been censured, disciplined, dismissed or expelled from, been put on probation, or been requested to resign or withdraw from any hospital, nursing home, clinic, or health care agency, or third party reimbursement program, whether governmental or private?

Yes      No      if yes, explain

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13. Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

Yes      No      if yes, explain

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14. Have you ever, in any state, the District of Columbia, a United States possession or territory, any branch of the armed services, or a foreign jurisdiction, any professional licensing or disciplinary body limit, restrict, suspend or revoke any professional license, certificate, or registration granted to you or impose a fine or reprimand, or take any other disciplinary action against you?

Yes      No      if yes, explain

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15. Have you ever been or are you now a chronic user of alcohol or any controlled substance?

Yes      No      if yes, explain

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16. Do you have previous prison or court record other than minor traffic violations?

Yes      No      if yes, explain

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17. Do you have any health or physical condition, which might prove hazardous to anesthetized patients?

Yes      No      if yes, explain

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18. Have you ever been a student in another anesthesia program? Yes      No  
If yes, why did you leave?

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19. We can periodically review your file and keep you updated via email. This is the quickest and most efficient method to obtain information from us. Your email address will be used exclusively for communication from the school and not transferred or sold to any other party. Do you wish to receive email updates to your current email address?

Yes      No

**Please Read Carefully**

I certify that this information is correct. I agree that any false or misleading information given on or in connection with this application shall be cause for immediate dismissal. I authorize the Yale New Haven Hospital School of Nurse Anesthesia to investigate any of the information given on or in connection with this application.

Signature of Applicant

\_\_\_\_\_ Date \_\_\_\_\_