



SCHOOL OF NURSE ANESTHESIA

APPLICATION FOR ADMISSION*POST MASTER'S DEGREE**

(Please print or type all information)

1. Name _____
(last) (first) (middle) (maiden)

2. Address _____
(street) (city) (state) (zip)

3. Telephone _____ e-mail address _____

4. Social Security Number _____ Place of Birth _____

5. School of Nursing _____

Location _____ Dates attended- from _____ to _____

Degree/Major/GPA _____

6. Baccalaureate Institution _____

Location _____ Dates attended- from _____ to _____

Degree/Major/GPA _____

7. Nurse Anesthesia Program _____ GPA _____

Location _____ Dates attended- from _____ to _____

8. List additional colleges attended or courses taken and have transcripts forwarded.

9. Military Service (Branch) _____ from _____ to _____

Position/Responsibilities _____

10. Nursing Experience (List current employer first. Add an additional sheet if necessary).

1. _____
(hospital) (city & state) (dates from-to)

(position and responsibilities)

2. _____
 (hospital) (city & state) (dates from-to)

 (position and responsibilities)

11. Please list active professional licensure/date.

State _____ Registration # _____

State _____ Registration # _____

12. Personal References: (One must be from a current supervisor. The other from an unrelated physician or professor who has known the applicant three or more years)

a. Name _____

Address _____

Position _____

b. Name _____

Address _____

Position _____

c. Name of Nurse Anesthesia Program Director when graduated:

Name _____

Address _____

Request recommendations be mailed directly to:

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

13. 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

14. 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

15. 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

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

Yes _____ No _____ if yes, explain

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

Yes _____ No _____ if yes, explain

18. 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 _____