

## **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 3.0 on the last 60 hours of undergraduate courses on a 4.0 scale.
- 5. Science GPA of 2.75 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 <u>preferred</u>: CCRN, TNCC, CEN, or CFRN.
- 10. Current ACLS and PALS certification
- 11. Shadow experience in the OR with a CRNA or Anesthesiologist
- 12. Undergraduate Biochemistry course strongly 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**

#### You will be completing two separate packets with the following information:

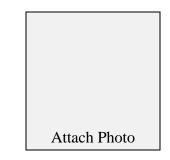
1.	Application to	National University (may be completed on NU website).
2.	* *	Application for Nurse Anesthesia Program. Place all of the following items in an envelope and as one package.
		Completed Supplemental Nurse Anesthesia Program Application with photograph attached (available on the NU Nurse 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

You should have your current clinical supervisor, academic faculty member familiar with your academic performance, and either a CRNA, Anesthesiologist, or RN fill out the Recommendation Form available on the web site, and have them returned to you. <u>Once you have completed or obtained all of the above information mail</u> together in one envelop.

Fresno, CA 93720-1551

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	2. Anticipated Enrollment Year					
	Last Middle	First		1	_		
3.	Phone (H) (C)		4.	E-mail address			_
5.	Mailing Address		5.	Social Security Nur	nber		
6.	School of Nursing		Dat	te of first RN licens	e		_
7.	RN License:						
		License number	State	Expiration date	_		
	Has your license in Nursing or any oth	er Health Profession	ever been	disciplined?			
	(Revoked, suspended, placed on proba	tion, or reprimanded	) or volun	tarily			
	surrendered in any state or jurisdiction	?			□ Yes	□ No	
	Have you ever been the subject of a nu	rsing board disciplin	ary action	?	□ Yes	□ No	
	Is your license currently suspended, re	voked or on probatio	n or reprii	manded	□ Yes	□ No	
	for any reason?						
	Have you ever been denied a profession	onal nursing license?			□ Yes	□ No	
	Have you ever been convicted of a feld	ony?			□ Yes	□ No	
	Have you ever received an "other than	honorable" discharg	e from an	y branch of	□ Yes	□ No	
	the US military?						
	If yes, Explain						
8.	Are you an international student? If English is your second language, yo Language (TOEFL) and score a minim On the computer-based test, or 79 on t Contact the School of Nursing Adviso	num of 550 on the pa he Internet based test	per based	test, or 213	□ Yes	□ No	



9.	Do you speak Spanish proficiently?				No
10.	Have you ever attended another If yes, Explain**If you marked 'yes', you MUST			□ Yes	No
11.	. Post-Secondary Education				
	Institution	Degree Conferred	G.P.A		
12.	Professional Certification				
	Type of Certification	<b>Issuing Agency</b>	<b>Expiration date</b>		
			•		
	1				

**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 employment/educational institution.

Signature of Applicant:	Data
Signature of Applicant.	Date: