MMC Nurse Anesthesia
Educational Data Form

Educational Data:

Applicants must possess an appropriate baccalaureate degree from a regionally accredited college or university and have maintained an overall GPA of 3.0 on 4.0 scale. Degrees must be completed with final transcripts submitted prior to enrollment in August. Appropriate degrees include a baccalaureate degree in nursing or an associate/diploma in nursing plus a baccalaureate degree in another related discipline.

Nursing Education	**Institution**	**Date Conferred**	**GPA**
Diploma in Nursing			
Associate Degree in Nursing			
Bachelor of Science in Nursing			

Other Degrees	**Institution**	**Date Conferred**	**GPA**

Graduate Record Examination (GRE):

Date taken/scheduled _____ Scores: Verbal _____ Quantitative _____

Course Prerequisites:

Courses must be completed at a college or university level with a minimum grade of C. (2 points on 4 point scale)

CHEMISTRY: 2 courses of chemistry (minimum total of 6 semester hours) are required. Acceptable chemistry courses include: general, organic, inorganic or biochemistry. Please list chemistry courses taken.

Chemistry: List **two** courses. If you have taken more than two chemistry courses, list the two with best grades. Note: labs are not required.				
Chemistry Course Title#	Completion Date	Institution	Letter Grade	# of hours

STATISTICS: 1 statistics or epidemiology course will satisfy the prerequisite. Please list statistics or epidemiology course taken.

Course Title#	Completion Date	Institution	Letter Grade	# of hours

Missing Prerequisites:

Applicants who have not met all prerequisites by the application deadline must submit a plan with their application for completing any missing prerequisites.

❒ Yes ❒ No Have you ever attended another anesthesia school? If yes, use a separate sheet to fully explain.

If yes: Name: _____ Address: _____

Dates of Attendance: _____ Reason for Leaving: _____

MMC Nurse Anesthesia
Critical Care Experience/RN Licensure Form

Applicant: _____
Last First Middle Other

At least one year (2 preferred) of recent full-time critical care nursing experience as a RN is required prior to August 1 in the year of program enrollment. Acceptable critical care nursing experience includes: ICU, CCU, SICU, MICU, NICU and PICU. Please indicate critical care experience below.

Hospital	Type of Unit	# of Beds	Dates of Employment	Hours worked/week	Total months/years of experience
Total months/years an RN		Total months/years in critical care as an RN:			

Nursing Procedure/Skills	Frequency of Experience				
	Daily	Weekly	Monthly	Rarely/ Never	Never /NA to my unit
Basic heart rhythm interpretation					
Arterial pressure monitoring					
Arterial blood gas interpretation					
Mechanical ventilation / weaning					
Titration of IV vasoactive drugs					
CVP monitoring					
12-lead EKG interpretation					
Invasive cardiac output					
PA pressure monitoring					
Recovery of immediate postoperative hearts					
Code blue team leader / rapid response nurse					
Continuous renal replacement therapy					
Cardioversion / defibrillation					
Intra- aortic balloon pump					
Ventricular assist device (LVAD)					
ICP monitoring					
Preceptor Role					
Shift charge nurse / leadership role					
# of times spent shadowing/learning role of a nurse anesthetist: 0 1 2 3 4 5 6					

Answer the following questions. If yes, submit a letter of explanation.

❒ Yes ❒ No Have you ever been on probation or suspended from any place of employment?

❒ Yes ❒ No Within the last three years, have you ever experienced a physical, emotional or mental condition that endangered the health or safety of persons entrusted in your care?

CERTIFICATES/PROFESSIONAL ORGANIZATIONS:

Please include photocopies of all certifications held.

BLS Certification ❒ Yes ❒ No Expiration Date: _____

ACLS Certification ❒ Yes ❒ No Expiration Date: _____

PALS Certification ❒ Yes ❒ No Expiration Date: _____

CCRN Certification ❒ Yes ❒ No Expiration Date: _____

Other Certifications: _____

List the professional organizations you are a member of: _____

_____

RN PROFESSIONAL LICENSE:

Applicants must provide proof of licensure as a professional Registered Nurse (RN). Please complete the requested information below. Include a photocopy of your current nursing license(s).

List all states where you have licensure as a professional Registered Nurse (RN)

State	Status	License # if active	Expiration Date
	❒ Active ❒ Inactive		
	❒ Active ❒ Inactive		
	❒ Active ❒ Inactive		
	❒ Active ❒ Inactive		
	❒ Active ❒ Inactive		
❒ Yes ❒ No Have you ever had a nursing license suspended or revoke? If so submit a letter of explanation.			
❒ Yes ❒ No Have you ever been the subject of a Nursing Board disciplinary action? If yes, submit a letter of explanation.			
❒ Yes ❒ No Have you ever been refused a nursing license? If yes, submit a letter of explanation.			
❒ Yes ❒ No Are you aware of any disciplinary action pending on your nursing license?			
List the state in which you were originally licensed as an RN:			

I attest that the information provided in this application is accurate.

Signature: _____ Date: _____