ST. ELIZABETH HEALTH CENTER
SCHOOL FOR NURSE ANESTHETISTS, INC.
ACADEMIC AFFILIATION WITH YOUNGSTOWN STATE UNIVERSITY

APPLICATION FOR ADMISSION YEAR: 2020

Applicant Information

Full Name: _____
            Last   *First*   *MI   Maiden*

Address: _____
            Street Address   *Apartment/Unit#*

            _____
            City   *State*   *Zip Code*

Phone: _____   **Email** _____

Social Security Number: _____/_____/_____

RN Licensure / Certifications / GRE

RN License: _____
            State   *Registration #*   *Year*

RN License: _____
            State   *Registration #*   *Year*

ACLS: Yes ___ No ___   **PALS:** Yes ___ No ___   **CCRN:** Yes ___ No ___   Submit copies if YES

When have you taken (or when will you take) the GRE?   _____   CCRN? _____

Education

High School: _____   Address: _____

From: _____ To: _____   Did you graduate: Yes ___ No ___   Diploma: _____

College: _____   Address: _____

From: _____ To: _____   Did you graduate: Yes ___ No ___   Degree: _____

Other: _____   Address: _____

From: _____ To: _____   Did you graduate: Yes ___ No ___   Degree: _____

Have you previously been enrolled in a graduate program? Yes ___ No ___

If yes, where, date of graduation, and degree obtained: _____
                                                        Where

_____
Date of Graduation   *Degree Obtained*

Clinical Experience (Begin with current employer)

Name of Firm: _____   Position & Unit: _____

Address: _____   Employment Dates: _____

Reason for leaving:

Name of Firm: _____   Position & Unit: _____

Address: _____   Employment Dates: _____

Reason for leaving:

Name of Firm: _____   Position & Unit: _____

Address: _____   Employment Dates: _____

Reason for leaving:

Signature Section

Were you ever dismissed from a college, university, program of nurse anesthesia, or professional school, due to deficiencies in scholarship or conduct? Yes ____ No ____
If yes, please explain:

Have you ever been convicted of, or are you currently under indictment for, a felony? Yes ____ No ____
If yes, please explain:

I certify that: My nursing license has never been revoked, restricted, suspended, or limited by any state, and is not a subject of a pending action or investigation. I do not currently suffer from a physical or mental condition which might interfere with the practice of nurse anesthesia. I do not currently suffer from drug or alcohol addiction or abuse. I have not been the subject of any documented allegations of misconduct, incompetent practice, or unethical behavior.

I certify that: The above answers are true to the best of my knowledge. Any falsification or omissions of this application provides grounds for disqualification or dismissal.

Date: _____   Signature: _____