



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I certify that: My nursing license has never been revoked, restricted, suspended, or limited by any state, and is not a subject of a pending action or investigation.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: _____

5. Please make any additional comments you may have about the applicant's record, personal qualities, academic ability, critical thinking, and ability to apply research findings in clinical practice.

Please indicate your evaluation of each of the criteria using the following rating scale:

4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Not Applicable

Criteria	4	3	2	1	NA
Clinical Judgement: does the individual...					
Exhibit sound clinical judgement?					
Exhibit technical competency?					
Perform well under stress?					
Adapt well to various types of equipment?					
Synthesize and apply knowledge to total patient care?					
Demonstrate initiative?					
Function well alone?					
Function well with others?					
Use consultation advantageously?					
Follow established policies and procedures?					
Personal Attributes: does the individual...					
Exhibit ethical behavior?					
Exhibit self-direction?					
Meet your standards of dependability and punctuality?					
Assume responsibilities willingly?					
Exhibit habits of personal hygiene and professional appearance?					
Educational Activities: does the individual...					
Participate in departmental programs?					
Participate in Institutional programs?					
Contribute to community health programs?					
Attend professional meetings, lectures, and symposiums?					
Appreciate the value of continuing education?					

Please check one:

I strongly recommend I recommend I do not recommend for admission to graduate study

Name

Employer

Position; relationship to applicant

Business Address

Signature

Date

Phone

Application Checklist

Completed Application

Deadline for August admission is December 31, of the previous year.

Application Fee (\$50.00)

Payable to SEHC School for Nurse Anesthetists, Inc.

Official transcripts from all academic institutions attended

Three recommendations on the SEHC School for Nurse Anesthetists forms:

Academic Reference

Nursing Supervisor Reference

Non-Family Personal Character Reference

Current Curriculum Vitae

Essay addressing the following areas:

Philosophy of nursing

Reasons for pursuing a career in nurse anesthesia

Expectations of a Master's level education

Career goals

Community activities

Memberships in professional organizations

Licensure and certifications

Verification of unencumbered RN licensure

ACLS certification

PALS certification

GRE scores sent directly to SEHC School for Nurse Anesthetists, Inc.

GRE code: 3479

All application materials should be mailed to the following address:

St. Elizabeth Health Center for Nurse Anesthetists, Inc.

PO Box 1790

1044 Belmont Avenue

Youngstown, OH 44501-1790