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

### **APPLICATION FOR ADMISSION YEAR: 2020**

		Applicant Information	1						
Full Name:	Last	First	MI Maiden						
Address:									
	Street Address		Apartment/Unit#						
	City	State	Zip Code						
Phone:		Email							
Social Secur	ity Number:	///							
RN Licensure / Certifications / GRE									
RN License:									
	State	Registration #	Year						
RN License:	 State	Registration #	Year						
	State	negistration #	, cui						
ACLS: Yes _	No	PALS: Yes No CCRN:	Yes No Submit copies if YES						
When have	you taken (or w	hen will you take) the GRE?	CCRN?						
		Education							
High School	:	Address:							
From:	То:	Did you graduate: Yes	No Diploma:						
College:		Address:							
From:	То:	Did you graduate: Yes	No Degree:						
Other:		Address:							
From:	То:	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 Gro	aduation	Degree Obtained							



ute of Graauatio

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I certify that: My nursing license has never been revoked, restricted, suspended, or limited by any state, and is not a subject of a pending action or investigation.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

## Choose type of reference:

Applicant:

Please read the paragraph below very carefully and check off either confidential or non-confidential in the appropriate space prior to giving this form to the individual writing the recommendation.

### Name of Applicant:

The applicant has chosen this statement to be \_\_\_\_ confidential or \_\_\_\_ non-confidential, according to the Family Education Rights and Privacy Act of 1974. Confidential references are prepared for the use of the director of graduate admissions only, and should not be shown to the candidate. Non-confidential references may be viewed by the candidate.

The following information will be used in making an evaluation of the applicant's strengths and weaknesses as related to graduate study. Please use additional paper if necessary.

1. In what professional and/or personal capacity and for how long have you known the applicant?

2. How well does the applicant express himself/herself verbally? In written forms?

3. Please comment on the applicant's analytical ability and research skills.

4. Please discuss any special factors in the applicant's background which demonstrate motivation and preparation for graduate work.

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		
	 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