



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
BLS: Yes No GRE: Yes No NA

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: _____

Reasons for leaving:

Name of Firm: _____ Position & Unit: _____

Address: _____ Employment Dates: _____

Reasons for leaving:

Name of Firm: _____ Position & Unit: _____

Address: _____ Employment Dates: _____

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I certify that: My nursing license has never been revoked, restricted, suspended, or limited by any state, and is not a subject of a pending action or investigation.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



APPLICATION CHECKLIST

Completed Application
Deadline for May admission is August 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
- Nursing Supervisor Reference
- Non-Family Personal Character Reference

Current Curriculum Vitae

Essay - Typed, 2-4 pages, double spaced. The essay should describe your understanding of the nurse anesthetist's role, your professional goals, and how those goals will be achieved in the DNP program. Please indicate how your past experiences have influenced these goals.

Licensure and certifications

- Verification of unencumbered RN licensure
- ACLS certification
- PALS certification
- BLS Certification
- CCRN

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

GRE code: 3479

Required for cumulative GPA: less than 3.5

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



**SEHC SCHOOL FOR
NURSE ANESTHETISTS, INC.**

SEMPER VIGILANTI

1044 Belmont Avenue
Youngstown, OH 44501-1790

(330) 480-3444

ytowncrnaschool.com

Choose type of reference:

Academic Reference

Non-Family Personal Character Reference

Nursing Supervisor Reference



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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.

6. 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	1	2	3	4	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