

Personal Data

Name _____ Email: _____
(Last) (First) (Middle) (Maiden/Other Names)

Address _____ Home: _____ Cell: _____
(Street) (City) (State) (Zip) (Area Code/Phone Number)

Educational Information: Please request that two (2) official transcripts from high school, nursing school, and each college/university attended be forwarded directly to the Minneapolis School of Anesthesia.

| <u>School</u> | <u>Location</u> | <u>Dates Attended</u> | <u>Degree Granted</u> |
|----------------------|-----------------|-----------------------|-----------------------|
| High School _____ | | | |
| Nursing School _____ | | | |
| College _____ | | | |
| Other _____ | | | |

Employment Information: Please list all positions held subsequent to graduation from nursing school. List most recent employment first.

| <u>Employer</u> | <u>Location</u> | <u>Dates of Employment</u> | <u>Reason for Termination</u> |
|-----------------|-----------------|----------------------------|-------------------------------|
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

Reference Information: Please request that letters of recommendation be submitted directly to the School from the following individuals:

| <u>Name</u> | <u>Address</u> |
|----------------------------------|----------------|
| Director School of Nursing _____ | |
| Immediate RN Superior _____ | |
| Current Employment _____ | |
| Immediate Superior _____ | |
| Last Employment _____ | |
| Professional RN _____ | |
| Colleague _____ | |
| Professional RN _____ | |
| Colleague _____ | |

Check when completed:

- My resume is enclosed and it is current.
- I have enclosed a one page summary indicating my reasons for choosing nurse anesthesia as a career.
- I have enclosed the \$100.00 application fee.
- I have enclosed a copy of my current nursing license.
- I have requested two transcripts from all schools attended, including high school, be sent directly to the Minneapolis School of Anesthesia.
- I have requested reference letters from the above listed people be sent directly to the Minneapolis School of Anesthesia.
- I have worked the equivalent of 12 full months in an ICU setting within the past three years.
- I am enrolled in a chemistry course.
- I have completed a chemistry course within the past five years.
- I have enclosed a copy of my _____ BLS Certification _____ ACLS Certification, _____ PALS Certification.

Have you ever attended another anesthesia school? _____ No _____ Yes If yes, give name, address, and dates of attendance.

(Date) (Signature) *

* I waive my rights to inspect and review records pertaining to my application.