Minneapolis School of Anesthesia

**Application Due Date: October 31, 2009**

**I. Personal Data**

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

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

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

| School | Location | Dates Attended | Degree Granted |
|---|---|---|---|
| High School | | | |
| Nursing School | | | |
| College | | | |
| Other | | | |

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

| Employer | Location | Dates | Reason for Termination |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

| | Name | Address |
|---|---|---|
| Director School of Nursing | | |
| Immediate Superior Current Employment | | |
| Immediate Superior Last Employment | | |
| Professional RN Colleague | | |
| Professional RN Colleague | | |

**V. 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 School.
___ I have requested reference letters from the above listed people be sent directly to the School.
___ 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.

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

_____ _____
(Date) (Signature) *

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