

◆ APPLICATION FOR ADMISSION ◆
Graduate School of Nursing
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814-4799
 CRNA MSN Nurse Anesthesia Completion Program

(Type or Print Neatly)

Date of Application:	Desired Date of Entry:	Speciality Desired:
Name: Last, First, Middle	Date of Birth:	Social Security Number:
Mailing Address: _____ Street _____ City State Zip Code	Phone: Home: _____ Office: _____	Service: _____ Please Check One: Corps: _____ Active Duty Entry Date: _____ Reserves Rank: _____ Direct Accessions
State of Legal Residence:	U.S. Citizen: Yes No	Sex: Male Female Marital Status: Married Single Divorced Separated Widowed
Indicate Racial/Ethnic Background: Statement Purpose only (Response Optional): Circle One		
African American	Puerto Rican(Mainland)	Hispanic
American Indian	Puerto Rican(Common Wealth)	Caucasian
Alaskan Native	Mexican American/Chicano	Other
Asian/Pacific Islander	Prefer not to respond	

(See Reverse Side)

Have you taken the Graduate Record Examination? Yes No
 Have you taken the Miller Analogies Test? Yes No

Please have scores sent to:
 Dean, Graduate School of Nursing, Uniformed Services University of the Health Sciences
 4301 Jones Bridge Road
 Bethesda, MD 20814-4799

Post Secondary Education:Please list all institutions attended after High School.

Institution:	Dates of Attendance:	Major:	Degree Earned or # of Credits
	From: To:		

Note: Send **Official Transcripts and Certified Registered Nurse Anesthesia Certification** to:
 Admissions, Graduate School of Nursing, Uniformed Services University of the Health Sciences
 4301 Jones Bridge Road
 Bethesda, MD 20814-4799

Professional Experience:List all employment since completing your nurse anesthesia program including part-time work. Describe any periods of time, three months or longer, in duration that are not accounted for. Use an additional sheet if necessary.

Employer:	Name of immediate Supervisor	Job description and type of unit	Dates	
			From:	To:

Professional Certifications:Please indicate if you have any of the following certifications:

	Provider	Instructor	Expiration Date:
BCLS:			
ACLS:			
PALS:			

Please list other professional certifications you have and states where you are licensed to practice.

Nurse Anesthesia Certification		RN License		
Certification	Expiration Date	State	Number	Expiration Date

(See Reverse Side)

Honors, Honor Societies, Professional and Civic Organizations and Offices Held:

Attach additional paper if necessary.

Research Projects: Have you participated in any clinical or academic research projects? If yes, please list and indicate if this was during or after baccalaureate education.

Attach additional paper if necessary.

Publications:

Attach additional paper if necessary.

Check Appropriate Box:	Yes	No	If Yes, please specify
Have you previously applied for admission to another graduate nursing school? What academic year? What was the result?			
Have you ever been dismissed from/denied readmission to any college or university?			
Have you ever been withdrawn or repeated a term in any college or university?			

Total Continuing Nurse Anesthesia Education hours for last two years: _____

Three references are required who are acquainted with your academic and clinical work. One of the following must be from a nurse anesthesia supervisor. These letters should include information about your clinical competency and your ability to work and learn independently. Deviations may be approved by the Nurse Anesthesia Department chairperson. **References should be sent to: Admissions, Graduate School of Nursing, Uniformed Services University of the Health Sciences, 4301 Jones Bridge Road, Bethesda, MD 20814-4799**

Name:	Institution:	Department:	Date of Request:

Please complete **section 1** on the three enclosed recommendation forms and send to your references.

(See Reverse Side)

Privacy Act Statement: The information solicited in all Uniformed Services University of the Health Sciences application materials is governed by the Privacy Act. The following information is provided for your guidance.

1. The collection of information about applicants is authorized by Title 5 USC 301; Public Law 92-426 ; and Executive Order 9397.
2. The purpose of applicant records is to provide information upon which to base USUHS admissions decisions. Social Security Numbers are used to identify records and as a safeguard against error in compiling individual applicant's records.
3. Routine uses of this information will include, in addition to admission decisions, related research and statistical endeavors designed to improve the admissions process.
4. The submission of information is voluntary on the part of applicants. However, applicants should be aware that failure to complete certain sections of this form may delay processing and/or increase the probability of accidental mishandling of applications.

I have read and understand the instructions (including the Privacy Act Statement). I certify that the information submitted in this application form is complete and correct to the best of my knowledge and I understand that any misrepresentation may be cause for denial of admission.

Signature _____

Date _____