



## Application for Admission

**NorthShore University HealthSystem School of Nurse Anesthesia does not discriminate in admission decisions on the basis of race, color, age, religion, gender, national origin or ancestry, marital status, veteran status, sexual orientation or other protected status. Physically challenged applicants will be considered on an individual basis. No question on this application is intended to obtain information to be used for such discrimination. Receipt of application in no way assures an interview with the Admissions Committee or admission to the school.**

### PERSONAL DATA

Name: \_\_\_\_\_ Maiden /Former Name \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of birth (optional): \_\_\_\_\_

Ethnic Background (optional):  
American Indian or Alaskan Native \_\_\_\_\_ Asian or Pacific Islander \_\_\_\_\_  
Black or African American/Non Hispanic \_\_\_\_\_ Hispanic \_\_\_\_\_  
White/Non Hispanic \_\_\_\_\_ Other \_\_\_\_\_

U.S. citizen:            Yes            No

If naturalized, City and Date: \_\_\_\_\_ Certificate Number: \_\_\_\_\_

If no, type of Visa: \_\_\_\_\_ Permanent Resident Number: \_\_\_\_\_

**EDUCATION:** In chronological order, list all educational institutions you have attended.

Name of Institution (city & state)	Dates Attended	Degree
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**Graduate Record Examination (GRE):** Date of exam:

GRE Score:	Verbal	Quantitative	Analytical Writing
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**Test of English as a Foreign Language (TOEFL)** Date of exam:

Section 1	Section 2	Section 3	Total
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Were you ever dismissed from any college or professional school or denied readmission because of unacceptable conduct or scholarship?

No	Yes
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If yes, please explain:

Have you ever attended any other School of Anesthesia?    No                      Yes

Name of program	Dates attended:
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Reason for leaving:

**PROFESSIONAL NURSE LICENSURE**

**State**

**Registration Number**

**Date of Expiration**

Other current professional certifications (CCRN, TNS, ACLS instructor, etc.), or licensure as an advanced practice nurse (NP, CNS, CNM):

**Certification/Licensure**

**Date of Expiration**

Has your nursing license ever been voluntarily or involuntarily limited, suspended or revoked?

No

Yes

If yes, please explain:

Are there any current or pending challenges to your licensure at any healthcare organizations or state licensing agency?

No

Yes

If yes, please explain:

Have you ever been convicted of a felony or misdemeanor or pleaded guilty to a crime? (Note: This will not necessarily prevent you from consideration from admission. Do not identify convictions that were sealed or expunged.)

No

Yes

If yes, please explain:

Are there any current criminal charges pending against you?

No

Yes

If yes, please explain:

**PROFESSIONAL EXPERIENCE AS A REGISTERED NURSE**

In chronological order, please list your professional experience as a registered nurse for the past five years.

Institution: City: State:  
Clinical Department: Full time Part time  
Dates of employment: Name of Supervisor:

Institution: City: State:  
Clinical Department: Full time Part time  
Dates of employment: Name of Supervisor:

Institution: City: State:  
Clinical Department: Full time Part time  
Dates of employment: Name of Supervisor:

Institution: City: State:  
Clinical Department: Full time Part time  
Dates of employment: Name of Supervisor:

Institution: City: State:  
Clinical Department: Full time Part time  
Dates of employment: Name of Supervisor:

**CONTINUING EDUCATION (seminars, workshops, etc.) for the last three years.** Do not include mandatory hospital in-services or training requirements.

**Seminar /Workshop**

**Sponsoring  
Institution**

**Date(s)**

**MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS, include elected/appointed  
Office if applicable**

**PROFESSIONAL OR ACADEMIC HONORS:**

**PUBLICATIONS OR PROFESSIONAL PRESENTATIONS (do not include student  
presentations):**

**COMMUNITY/VOLUNTEER ACTIVITY:**

## **REFERENCES**

Three recommendations from the following individual must be submitted with your application.

1. Physician/CRNA at your current place of employment (**not** resident or fellow)

Name:

Address:

2. Current Registered Nurse Supervisor

Name:

Address:

3. Dean/Chair/Director of Nursing Program

Name:

Address:

**PLEASE READ CAREFULLY AND ACKNOWLEDGE BY YOUR WRITTEN SIGNATURE AND TODAY'S DATE**

- I certify that the information contained in this application is true and complete to the best of my knowledge and belief. I understand that any misrepresentation of information provided by me in this application will result in disqualification for consideration of admission. I further understand that if I am admitted, any misrepresentation of facts, as stated or implied, is cause for dismissal.
- I understand that I must be able to demonstrate the following behaviors and competencies that are required for the practice of nurse anesthesia:
  - Observation and communication: I must be able to observe, hear, understand, and communicate evidence about a patient's status quickly and accurately.
  - Physical capabilities and motor skills: I must be able to move, transfer, and position patients and to move and prepare necessary equipment, to have sufficient dexterity, hand-eye coordination and stamina to operate complicated instruments and perform procedures for prolonged periods as medically indicated for the patient.
  - Cognitive skills and intellectual capacities: I must be able to understand, interpret, and respond to complex medical information related to patient needs and care; to transcribe and communicate that information quickly and accurately; and to distinguish standard from nonstandard patterns of behavior and responses.
  - Decision-making skills: I must be able to demonstrate the capacity to gather, organize, assess, prioritize, make decisions, and institute interventions to facilitate the appropriate, prompt, and timely delivery of patient care.
  - Behavioral and social attributes: I must exhibit professionally appropriate behaviors at all times with patients, members of the healthcare delivery team, and the public. These behaviors include a respectful attitude for healthcare team roles and norms; preservation of confidentiality; clear and accurate communication with patients, other healthcare providers and the public; completion of assignments in a timely manner; and a commitment to quality nurse anesthesia practice.
- I authorize NorthShore University HealthSystem School of Nurse Anesthesia to conduct background information and reference checks, and I give my consent to all current and former employers, and educational institutions to release any and all information regarding my previous employment or enrollment to NorthShore University HealthSystem School of Nurse Anesthesia unless otherwise stated. I further waive any right I may have to receive written notice from any of my current and former employers listed in this application regarding the release of any and all information to NorthShore University HealthSystem School of NurseAnesthesia concerning any disciplinary reports, letters of reprimand or any other disciplinary action which was taken against me during the course of my employment or enrollment.

**Exceptions:**

- I understand as a condition for matriculation, I must complete a fingerprint criminal background check.
- I understand as a condition for matriculation and continued enrollment I must take a physical examination, and it must show ability to perform the job, with or without accommodation, and I agree to take such an examination. I further agree to any other school related physical examinations or tests, which include, but are not limited to drug and/or alcohol testing, as may be required by NorthShore University HealthSystem School of Nurse Anesthesia.
- I understand that as a condition of continued enrollment that anytime during my enrollment with NorthShore University HealthSystem School of Nurse Anesthesia it will be my responsibility to notify the Administrative Director within 5 days of any criminal convictions. Do not identify convictions that were sealed or expunged.
- I understand that this application will be given every consideration, but in accepting it NorthShore University HealthSystem School of Nurse Anesthesia makes no commitment of admission.

**Signature:**

**Date:**

**Professional Statement:**

In a 2 - 3 page professional statement (double spaced), discuss your reasons for choosing to pursue a DNP in nurse anesthesia and how your personal and professional strengths fit with the school mission. Include a description of your short-term and long-term professional goals and possible ideas for the DNP cumulative project (Scholarly Leadership Project).

## **Application Package**

The following items must be submitted in an application package:

- Completed application,
- Signed Personal statement
- Current curriculum vitae
- Application fee
- Sealed official transcripts from all institutions of higher learning.
- Three sealed recommendations
- Copy of nursing license(s), BCLS, ACLS and PALS certifications.
- Copy of TOEFL scores

GRE scores should be sent direct to NorthShore (School Code: 1659) and DePaul University (School Code: 1165).

Completed application packages should be submitted to:

  
University HealthSystem  
School of Nurse Anesthesia  
2650 Ridge Ave.  
Suite G603C  
Evanston, IL 60201

**Contact information for assistance with the application process: (847) 570-1959,  
[anesthesiaschool@northshore.org](mailto:anesthesiaschool@northshore.org)**