



2650 Ridge Ave.
Suite G603C
Evanston, IL 60201
(847) 570-1959
Fax (847) 733-5392
Email: anesthesiaschool@northshore.org

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 Admissions Committee or admission to the school.

PERSONAL DATA

(Please type or print)

Name: _____ Maiden or Former Name (if applicable): _____

Social Security Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number (home): _____

E-mail: _____

Date of birth (optional): _____

Ethnic Background (optional):

- American Indian or Alaskan Native Asian or Pacific Islander Hispanic
- Black or African American/Non 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: _____

Program applying for: * Graduate Program Post graduate program
**Must also submit application to DePaul University
(available online www.DePaul.edu)*

EDUCATION

In chronological order, please list educational institutions you have attended or are attending:

Name of Institution	Location (city & state)	Concentration	Degree Granted	Date Received Month/Year

Were you ever dismissed from any college or professional school or denied readmission because of unacceptable conduct or scholarship? _____ No _____ Yes

If yes, please explain: _____

Date on which you took or plan to take the Graduate Record Examination: _____

GRE Score: Date _____ Verbal _____ Quantitative _____ Analytical Writing _____

TOEFL (if applicable) Date: _____ Section 1 _____ Section 2 _____ Section 3 _____ Total _____

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

Name of program: _____ Dates attended: _____

Reason for leaving: _____

PROFESSIONAL NURSE LICENSURE

State	Registration Number	Date of Expiration

Has your nursing license ever been voluntarily or involuntarily limited, suspended or revoked? Yes No

Are there any current or pending challenges to your licensure at any healthcare organizations or state licensing agency? Yes No

If yes to either of the above, please explain: _____

PROFESSIONAL EXPERIENCE AS A REGISTERED NURSE

In chronological order, please list all of your professional experience as a registered nurse:

Institution: _____ City: _____ State: _____

Clinical Department: _____

Dates of employment: _____ Hours/week: _____ Shift: _____

Name of Supervisor: _____

Institution: _____ City: _____ State: _____

Clinical Department: _____

Dates of employment: _____ Hours/week: _____ Shift: _____

Name of Supervisor: _____

Institution: _____ City: _____ State: _____

Clinical Department: _____

Dates of employment: _____ Hours/week: _____ Shift: _____

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Clinical Department: _____

Dates of employment: _____ Hours/week: _____ Shift: _____

Name of Supervisor: _____

Institution: _____ City: _____ State: _____

Clinical Department: _____

Dates of employment: _____ Hours/week: _____ Shift: _____

Name of Supervisor: _____

Please explain any gaps in your employment history (within the past 10 years).

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.)

Yes No If yes, please give full details: _____

Professional organizations to which you belong and offices held:

Professional or academic honors you have received:

Publications or professional presentations:

REFERENCES

Three recommendation forms must be received before your application will be processed. Please give names and complete addresses of persons who will return your forms.

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

2. Immediate Registered Nurse Supervisor

3. Director of Nursing Program

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 Nurse Anesthesia 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 of initial 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:

Please attach your professional statement discussing your specific reasons for choosing anesthesia as a specialty, your objectives upon completion of the program, and the personal and professional strengths that you would bring to this school (maximum 500 words).



University HealthSystem

School of Nurse Anesthesia

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APPLICATION CHECKLIST

- Completed Application and Fee (\$50)
- Professional Statement
- Copy of nursing license, BCLS, ACLS and PALS certifications
- Copy of other professional certifications
- GRE scores requested to be sent to NorthShore University HealthSystem School of Nurse Anesthesia and DePaul University
- Transcripts requested from educational institutions attended – one copy for NorthShore University HealthSystem School of Nurse Anesthesia and one copy for DePaul University
- Three letters of recommendation requested
- Completed On-line DePaul University Application