

**Arkansas State University
MSN Nurse Anesthesia Application Check List**

You will be mailing in *two separate packets the following information:

1. Mail the following to ASU Graduate School, PO Box 60, State University, AR 72467.
 - Graduate School Application (available on line at <http://www.graduateschool.astate.edu>)
 - Payment of \$30.00 for application fee
 - All official transcripts
Transcripts need to be sent from all colleges and Universities you have attended.
Graduate level descriptive and inferential Statistics class transcript
 - GRE Test Results (taken within last 5 years) a score of 150 is preferred (147 Minimum)
 - Proof of MMR immunization

2. Application for Nurse Anesthesia Program. Place all of the following in an envelope and mail together.
 - Completed Nurse Anesthesia Program Application (available on website)
 - Personal Resume
 - Professional Goal Statement
 - GRE Test Results
 - CCRN or CSC
 - Transcripts of all Universities and Colleges attended sealed in envelope
 - Three Recommendations, completed and sealed by person writing the recommendation
(forms are available on the website)

**Mail to:
ASU, School of Nursing
Nurse Anesthesia Program
PO Box 910
State University, AR 72467**

You should have your current clinical supervisor, academic faculty member familiar with your academic performance, and a CRNA, Anesthesiologist, or RN fill out the Recommendation Form available on the web site and have them returned to ASU Nurse Anesthesia Program.

All of the above requirements are needed in order to be considered for an interview.

**ARKANSAS STATE UNIVERSITY
MSN NURSE ANESTHESIA PROGRAM**

NURSE ANESTHESIA PROGRAM APPLICATION

In addition to completing the Arkansas State University Graduate School Application, www.graduateschool@state.edu, applicants for the MSN Nurse Anesthesia Program must complete this form to be considered for admission. Please type or clearly print in black ink. **This form must be completed and returned to PO Box 910, State University, AR 72467**

1. Name _____
 Last Middle First
2. Anticipated Enrollment Year _____
3. Phone (H) _____ (C) _____
4. E-mail address _____
5. Mailing Address _____
6. School of Nursing _____ Date of first RN license _____

7. RN License:

License number	State	Expiration date

- Has your RN license ever been suspended, restricted or revoked? Yes No
- Have you ever been the subject of a nursing board disciplinary action? Yes No
- Have you ever been denied a professional nursing license? Yes No
- Have you ever been convicted of a felony? Yes No
- Have you ever been other than a dishonorable discharge from
 any branch of the US military? Yes No
- If yes, Explain _____

8. Have you ever attended another Nurse Anesthesia Program? Yes No

If yes, Explain _____

9. Professional Certification

Type of Certification	Issuing Agency	Expiration date

Note: Students are required to have current BLS, ACLS and PALS after acceptance into the program and prior to entry and to maintain current certification throughout the program.

10. Critical Care Experience:

Name of Facility	City and State	Critical Care Specialty Area List area (examples) SICU, CVICU, MICU, ICU, CCU, NICU, PICU	From-To Month/Yr	Full/Part time	Shift worked

11. Indicate your skill level in the following categories:

	Numbers Per week	Numbers per week Independently	Numbers per week with Assistance	Number of years experience	No Experience
Arterial monitoring					
Central Venous Pressure					
Swan Ganz Catheter					
Intra-aortic Balloon Pump					
Vasoactive Drugs					
Ventilators					

12. I certify that the statements that I made on the Supplemental Application Form are accurate and complete. I understand that withholding information on this form and/or the Graduate Application Form may make me ineligible for admission to the Program or subject to dismissal after acceptance into the program.
13. I authorize the program to make inquires of my employers/educational institution

Signature of Applicant: _____ Date: _____