

Please Type All Application Materials

Nurse Anesthesia Program Application Checklist

Application Deadline July 1st

All applicants to the Nurse Anesthesia Program *must* include the following supporting documentation in their application packet.

Application Checklist

- ✍ Completed Wayne State University Graduate application and fee
 - ✍ Completed program application
 - ✍ Official transcripts from **all** colleges/universities attended
 - ✍ Copy of your current nursing license
 - ✍ State of Michigan verification of Nursing Licensure: <http://www.cis.state.mi.us/agencies.htm> (out of state applications must submit verification) or State of Ohio verification of nursing licensure
 - ✍ Prerequisite Academic Worksheet
 - ✍ Professional Statement (500 words)
 - ✍ Student copy of the General Test of the Graduate Records Exam (GRE)
 - ✍ Three personal recommendations on the forms provided (two from professional colleagues, one colleagues, one from a nurse supervisor/manager.

 - ✍ Copy of Advanced Cardiac Life Support (ACLS) Certification
 - ✍ Copy of Test of English as a Foreign Language (TOEFL) if applicable
 - ✍ Copy of Educational Credential Evaluation (ECE) for foreign graduates
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If you are currently a Wayne State University graduate student, you do not need to reapply to the Graduate School.

PLEASE BE AWARE THAT AN INTERVIEW IS REQUIRED. THE INTERVIEW WILL BE SCHEDULED BY THE ADMISSIONS COMMITTEE AFTER A COMPLETE APPLICATION HAS BEEN REVIEWED.

Please return all materials including the application fee, university and program applications to:

Office of Student and Alumni Affairs
Suite 1600
259 Mack Avenue
Detroit, MI 48201

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Academic Worksheet
Wayne State University
Eugene Applebaum College of Pharmacy & Health Sciences
Nurse Anesthesia Program Application

Please complete the following information: Deadline July 1

Name:

Student ID #:

Date:

Daytime Phone #:

Evening Phone #:

WSU Application Requirements	Course Name & #	College/University Course Taken (please indicate complete name - do not abbreviate)	Credit Hours	Grade	Date Completed	Date to be Completed
8 semester hours of inorganic, organic chemistry and/or biochemistry	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 200px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>
4 semester hours of biology or microbiology	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 200px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>	<input style="width: 80px; height: 30px;" type="text"/>

The above courses must have been taken within ten years of the actual date of matriculation into the full time professional program.

10 semester hours of **graduate** prerequisites must also be completed. Equivalent coursework may be taken at another institution as long as they fit the course description as below and **are graduate level courses.**

At least one of the following 2 prerequisites must be taken prior to interview:

Offered through the College of Education

EER 7630 -Fundamentals of Statistics (3 semester hours) Review of mathematics essential for statistics sampling, computer use. Basic patterns of statistical inference, confidence estimation and significance testing regarding measures of averages, dispersion, correlation, and selected non-parametric statistics. One-way and two-way analyses of variance. (Offered fall, winter, spring/summer)

EER 7640-Fundamental Research Skills (3 semester hours) Basic skills in educational research; nomenclature, problem theory, hypothesis formulation; bibliographical and documentary techniques; retrieval systems: development of data-gathering instrumentation; computer orientation and research uses; collection and organization of data: manuscript development; report writing; techniques, methodologies for descriptive and experimental inquiry. (Offered fall, winter, spring/summer)

Offered through the School of Medicine

Note: this course is taken through the School of Medicine at WSU only after acceptance into the Nurse Anesthesia Program

BMS 6550-Physiologic Anatomy (4 semester hours) Prereq: biology background preferred. Not open to graduate anatomy students. Basic concepts of anatomy as they relate to physiologic function. Intended to give an anatomy foundation for graduate level physiology courses. (Offered Spring/Summer semester only - May thru June for eight weeks).

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Last Name First Name Initial

Please list any or all other names that may appear on your academic transcripts.

Address: City: State: Zip Code:

Home Phone #: Business Phone #: Cell Phone #:

Preferred Contact Number: Home Business Cell Other:

Email Address:

Social Security (or Social Insurance) Number: WSU I.D.

This section is voluntary

Gender: Male Female
Citizenship: Place of Birth: Date of Birth:

Legal Residence in City: County State Country

If you have an immigration visa, please specify type

ETHNICITY: Please identify your ethnic background by checking the appropriate category. Although this information is voluntary, it is used to fulfill reporting obligations of the Eugene Applebaum College of Pharmacy and Health Sciences.

- American Indian or Alaskan Native
- Asian or Pacific Islander
- African American (not Hispanic)
- Hispanic
- White (not Hispanic)
- Multi Racial

Other

HAVE YOU EVER SERVED IN THE ARMED FORCES? YES NO

Branch of Service: Highest Rank:

Entry Date Date of Discharge

Reserve Status:

WAYNE STATE UNIVERSITY ADMISSION

Have you completed the Graduate Application to Wayne State University?

Yes No

If **yes**, what year did you apply?

If **No**, when do you plan to apply?

APPLICATION TO OTHER PROGRAMS:

Are you applying to other health science programs?

Yes No If **yes**, which program?

PREVIOUS APPLICATIONS:

Have you previously applied to any other Professional Curriculum in this College?

Yes No If **yes**, what year?

ACADEMIC EXCLUSION:

Have you been **excluded** from any college graduate or professional school, or denied re-admission because of deficiencies in either conduct or academic achievement

Yes No If **yes**, please explain briefly on a separate page.

LEGAL ISSUES:

Have you ever been **convicted of a felony or misdemeanor**?

Yes No If **yes**, please explain briefly on a separate page.

LICENSURE:

Has your nursing license ever been revoked/suspended?

Yes No If **yes**, please explain briefly on a separate page.

PROFESSIONAL LICENSURE:

Michigan R.N. No.

Expiration Date:

Year Issued:

Other R.N. Received:

State:

Number

Expiration Date:

POST SECONDARY EDUCATION:

List all colleges, universities, and professional schools attended after high school. You **must** include copies of all transcripts with this application. **Wayne State University students must supply a WSU Student Copy of their transcript. Please attach an additional sheet if necessary.**

Name of College/
University

City and State/
Province

Dates Attended

Degree

Please list any honors:

PROFESSIONAL DATA:

List current professional
organizations/membership:

Professional Activities/
Committee Work

Subscriptions to Professional
journals (please list)

Specialty Certification (example
CCRN, TNCC, AORN, etc.)

Advanced Cardiac Life Support Certified (ACLS):

Yes

No

Expiration Date:

Pediatric Advanced Life Support Certified (PALS):

Yes

No

Expiration Date:

Continuing Education programs, seminars,
workshops, etc. attended in the last two year.

Title:

Credit Earned:

Attendance Dates:

NURSING EMPLOYMENT BACKGROUND:

ICU experience must be full time within the past two years

List in Chronological order: current position first

Dates: Month/Yr	Employer	Mailing Address	Phone number	Supervisor Name and Title
From:				
To:	Position Held:	Department:		
Unit Size	Reason for Leaving:			

Dates: Month/Yr	Employer	Mailing Address	Phone number	Supervisor Name and Title
From:				
To:	Position Held:	Department:		
Unit Size	Reason for Leaving:			

Dates: Month/Yr	Employer	Mailing Address	Phone number	Supervisor Name and Title
From:				
To:	Position Held:	Department:		
Unit Size	Reason for Leaving:			

Attendance: number of days absent in the past 12 months:
Attach additional sheets if necessary

TECHNICAL SKILLS: Check those in which you have experience:

- Intravenous Lines insertion
- Arterial Lines / arterial puncture
- Ventilators
- Pulmonary Artery Catheters
- CVP Monitoring
- Electrocardiogram Interpretation
- ABG Interpretation
- CPR experience
- ABP
- Pacemakers

HAVE YOU SPENT A DAY WITH A CRNA? Yes No

Hospitals: Dates:

GRADUATE RECORDS EXAMINATION (GRE):

Have you take the General Test of the GRE? Yes No Date taken:

If yes, please list your scores: Qualitative Quantitative Written

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PROFESSIONAL STATEMENT

Provide a summary (500 words) highlighting your professional nursing career. Please include reasons for desiring the nurse anesthesia profession.

Statement of Certification

I certify that to the best of my knowledge all statements in this application are correct and complete. I understand that withholding information on this application or giving false information will make me ineligible for admission to the professional program or subject to dismissal.

Your Signature is required before Wayne State University can process this application.

Name

Date

Policy: It is the policy and practice of Wayne State University that all programs are available to all students without regard to race, color, sex, national origin, religion, age, sexual orientation, marital status or handicap.

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Reference Form
 Wayne State University
 Eugene Applebaum College of Pharmacy & Health Sciences
 Nurse Anesthesia Program Application

STUDENT-S WAIVER CERTIFICATE:

To the student: You may voluntarily waive your right to have access to a specific Letter of Recommendation/Evaluation written about you in accordance with the Federal Family Education Rights and Privacy Act of 1974 by signing and dating this certificate: I waive, relinquish and disclaim all rights to have access to the Letter of Recommendation/Evaluation described in this form.

Applicant's Name: (Please Print clearly) _____

*Applicant's Signature _____ Date _____

Note: You may sign and distribute for completion to the individuals you have identified in your application and return with your application packet.

NAME OF EVALUATOR: _____
 HOW DO YOU KNOW THIS APPLICANT? _____
 HOW LONG HAVE YOU KNOWN THIS APPLICANT? _____
 WOULD YOU RE-EMPLOY? _____ YES _____ NO
 IF NO, PLEASE EXPLAIN _____

Please rate with regard to the following: **1 Below Average** **2 Average** **3 Above Average** **4 Excellent**

	1	2	3	4
NURSING KNOWLEDGE				
ROLE ORIENTATION				
INDUSTRIOUSNESS				
QUALITY OF WORK				
RECEPTIVENESS				
ABILITY TO FUNCTION UNDER STRESS				
ABILITY TO WORK WITH OTHERS				

PROFESSIONAL APPEARANCE: _____ Appropriate _____ Inappropriate

ATTENDANCE: _____ Number of Days Absent _____ Number of Days Sick

Remarks: _____

SIGNATURE: _____ Date: _____
 TITLE: _____
 INSTITUTION: _____

Evaluator: Please complete and return to applicant with your signature across a sealed envelope. We welcome additional letters of recommendation.