

# Department of Nurse Anesthesia Applicant Information

Ida V. Moffett School of Nursing  
Samford University

Full Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Intended Enrollment Year \_\_\_\_\_

Please list any awards and honors received.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any professional memberships and activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any courses you are completing or plan to complete.\* Include the course number, name, credits, where it is being completed, and when it begins and ends.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Total number of years experience as a registered nurse \_\_\_\_\_

Total years of acute-care experience \_\_\_\_\_

Was your nursing education a second major or a change in career? If yes, please explain.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever attended another nurse anesthesia program?  Yes  No

If yes, what was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

## Employment History (continued on reverse)

Employment dates from/to \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Position \_\_\_\_\_ Unit \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_

Average Hours Worked per Week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Primary responsibilities included \_\_\_\_\_

\_\_\_\_\_

Experiences included  supervisory responsibility  ventilators  invasive monitoring  titrating IV drips by standing orders

\*Coursework must be completed no later than the December preceding the enrollment year for which you are applying. For example, students applying for June 2008 must have courses completed no later than December 2007.

**Employment History**

Employment dates from/to \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

Position \_\_\_\_\_ Unit \_\_\_\_\_

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Experiences included  supervisory responsibility  ventilators  invasive monitoring  titrating IV drips by standing orders

**Employment History (please continue on a separate sheet of paper if necessary)**

Employment dates from/to \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_

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Primary responsibilities included \_\_\_\_\_

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I certify that all information given in this application is complete and accurate. If I am accepted as a student and enroll, I pledge to uphold the Christian values and code of conduct which are the foundation of Samford University. I will conduct myself in a manner that will reflect positively upon myself, my peers and the University. I consent to the use of my name and photograph in publications of Samford University.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Return to Ida V. Moffet School of Nursing, Attn: Graduate Program, Samford University, 800 Lakeshore Drive, Birmingham, AL 35229