

Thank you for your interest in our Nurse Anesthesia Program. An instruction sheet is included to assist you in the application process. Please read it carefully.

If you have any questions, please contact us by email at info@bhnep.org, or telephone: 203.384.3054 or Fax: 203.384.3855.

Application Instructions

When submitting an application be sure to include the following:

- 1) A completed application form
- 2) Application fee of \$55, payable to “Fairfield University & BH Nurse Anesthesia Program”
- 3) A current RN license
- 4) Official transcripts from **all** Universities and Nursing Programs
- 5) Official transcripts and recommendations should be sent directly to the program
- 6) Three references:
 - a. One must be from your current nurse manager or supervisor
 - b. Two others must be from individuals who can assess your performance and level of clinical expertise in an acute care setting
- 7) A three (3) paged typed paper stating:
 - a. Reasons for becoming a Nurse Anesthetist
 - b. Your career goals
 - c. Future contributions to the profession of nurse anesthesia
- 8) A current resume or CV
- 9) Copies of BLS, ACLS and PALS certifications
- 10) International applicants must obtain a course-by-course translation of all post-secondary education transcripts from **World Education Services, Inc.** www.wes.org or (800) 937-3895.
- 11) Official copy of GRE results

***Applications will not be processed until all of the above have been received.**

- It is recommended that the applicant call to verify the receipt of transcripts and references.
- All applicants are required to have an on-site interview before the decision of acceptance can be made.
- If reapplying to the program – ALL application requirements must be resubmitted and an on-site interview is required before being considered for entrance into the program.
- Students are required to obtain a Connecticut State Registered Nursing license before entrance and to maintain the license while enrolled in the program.

Applications may be submitted to:

Fairfield University & BH Nurse Anesthesia Program
267 Grant Street (Perry 3)
Bridgeport, CT 06610



Last name	Maiden	First	MI	Highest Degree Held	Date of application
Street address				R.N. since	Social Security number
City		State	ZIP	Home telephone	Work telephone
				E-mail address	

List the states in which you currently hold a valid registered nursing license:

State	License Number	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Fairfield University and Bridgeport Hospital Nurse Anesthesia Program does not discriminate on the basis of age, color, creed, sex, national or geographic origin or on the basis of non-disqualifying handicaps. Information provided on this application will not be used for any discriminatory purpose. We comply with all applicable federal and state non-discrimination laws.

Your complete application form will be maintained in our active files for only the current academic year. You must submit a new application when applying in subsequent years.

List all present and prior (past 10 years) employers. Include self-employment and part-time jobs. If more space is required, please continue on a separate sheet. If you worked more than one job at a time, identify them in order as A, B, and C etc. based on amount of time worked per week or month.

(1) Present company		Type of Nursing Unit		(3) Last Company		Type of Nursing Unit	
Street address		Phone number		Street Address		Phone number	
City		State	Zip code	City		State	Zip code
Brief description of job duties				Brief description of job duties			
Position or Title		Dates worked		Position or Title		Dates worked	
		From	To			From	To
Reason for leaving				Reason for leaving			
(2) Present company		Type of Nursing Unit		(4) Last Company		Type of Nursing Unit	
Street address		Phone number		Street Address		Phone number	
City		State	ZIP code	City code		State	Zip
Brief description of job duties				Brief description of job duties			
Position or Title		Dates worked		Position or Title		Dates worked	
		From	To			From	To
Reason for leaving				Reason for leaving			

If additional space is needed for employment record – please copy.

Educational History

	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree
			From	To	Yes	No	
High school							
Nursing school							
College (list all attended)							
Graduate Degree-University							
Other education/training							

Outside Activities

(Exclude those indicating race, color, religion, sex, national origin, age, or handicap.)

Professional Associations

Professional honors

Recreational activities/hobbies

Currently certified in:

BCLS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ACLS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
NALS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PALS	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Currently certified as:

CCRN	<input type="checkbox"/> Yes	<input type="checkbox"/> No
BLS Instructor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ACLS Instructor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
PALS Instructor	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check off ICU experience to date and indicate the number of months worked in that area:

- MICU _____ # beds _____
- SICU _____ # beds _____
- CCU _____ # beds _____
- Neurologic _____ # beds _____
- OR _____ # beds _____
- ER _____ # beds _____
- (other) _____ L&D

Check the experiences you have personally performed. Estimate the number per month:

- IV insertion _____ CVP insertion _____
- Intubation: Oral _____ Nasal _____
- Monitor patients _____
- Administer I.V. vasopressors _____
- Arterial catheter insertion _____
- PA catheter placement _____
- Cardiopulmonary monitoring and interventions _____

Military Record

Branch of service	From	To
Present military affiliation:		Type of Discharge
<input type="checkbox"/> None <input type="checkbox"/> Reserve (active) <input type="checkbox"/> Reserve (inactive)		Date of Discharge
Types of training and duties while in military service:		
Do you plan to use financial assistance from a military program? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, name and contact person overseeing financial assistance:		

Professional/Work References

List three references known to you for more than one year. One must be from your current supervisor. The other two must be from individuals who can assess your performance and level of clinical expertise in the acute care setting, and/or can comment on your academic preparedness for graduate study. Each reference must complete the BHNAP performance evaluation form (included).

Name	Title/relationship	Address (street, city, state, ZIP code)	Phone no. include area code)	Occupation

May we contact your present and former supervisor? YES NO If not why?

Have you ever been previously enrolled in a nurse anesthesia program? Yes No *If yes, explain briefly.

Were you on academic probation Yes If yes, explain briefly No

Were you on clinical probation Yes If yes, explain briefly No

Have you ever been investigated, disciplined in any way by a state nursing license board/agency or otherwise had your right to practice as a Registered Nurse restricted or revoked.

Yes No If yes, provide details on a separate page.

Do you have physical injuries or handicaps that would prevent you from adequately fulfilling the requirements of the Nurse Anesthesia Program: If yes, explain briefly.

Yes No

Are you aware of any personal, family, financial or other problems that could keep you from fulfilling requirements of the Nurse Anesthesia Program? If yes, explain briefly.

Yes No

Arrests and Convictions: (List everything other than a minor traffic violation: offense/date/locale/and outcome)

Yes No

From what source did you hear about our program?

I hereby certify that the answers and other information on this application are true and correct and that I understand any misrepresentation or omission of facts on my part will be justification for dismissal. I understand that my admission may be contingent on submission of official transcripts, license verification, and other required information bearing on admission.

I give permission for all transcripts submitted to the Nurse Anesthesia Program to be evaluated by the graduate faculty of Fairfield University. I affirm that all response to questions on this application are, to the best of my knowledge, true and complete, freely given, without intent to evade, mislead, or defraud.

Date
Rev: 3/00, 4/02, 5/03, 4/04, 1/06

Signature

Date _____

Performance Evaluation of Applicant

Please evaluate: _____ who is applying for admission to our graduate program in nurse anesthesia.

Please circle your response, on a scale of 1 to 5: **5 indicating frequent demonstration of outstanding performance in that area, 3 indicating average performance and 1 & 2 indicating substandard performance. Circle NA (not applicable) if you are not able to assess performance in that area.**

1.	Demonstrates motivation in completing assigned tasks.	1	2	3	4	5	NA
2.	Takes criticism well without getting angry or defensive.	1	2	3	4	5	NA
3.	Works well with patients and other health professionals; willing to help co-workers in completing assignments.	1	2	3	4	5	NA
4.	Takes responsibility for his/her decisions.	1	2	3	4	5	NA
5.	Demonstrates good problem solving skills.	1	2	3	4	5	NA
6.	Organizes workload efficiently.	1	2	3	4	5	NA
7.	Demonstrates personal integrity.	1	2	3	4	5	NA
8.	Perseveres in completing difficult or complex tasks.	1	2	3	4	5	NA
9.	Adheres to accepted professional ethics.	1	2	3	4	5	NA
10.	Acts professionally.	1	2	3	4	5	NA
11.	Works with minimal or no direction.	1	2	3	4	5	NA
12.	Is punctual for work.	1	2	3	4	5	NA
13.	Is willing to stay overtime when needed.	1	2	3	4	5	NA
14.	Exercises good clinical judgment.	1	2	3	4	5	NA
15.	Demonstrates a solid understanding of <u>scientific</u> principles when caring for patients.	1	2	3	4	5	NA
16.	Demonstrates a solid understanding of <u>nursing</u> principles when caring for patients.	1	2	3	4	5	NA
17.	Participates in continuing education and self-improvement.	1	2	3	4	5	NA
18.	Demonstrates technical competency in use of equipment, such as standard monitors, ventilators, vasoactive infusions, intraaortic balloon pump, and pulmonary artery catheters.	1	2	3	4	5	NA
19.	Frequently absent from work.	Yes	___	No	___		NA

Please provide supporting commentary for any 1 & 2 performance ratings. _____



Do you endorse this applicant as a graduate student candidate for our nurse anesthesia program?

Yes [] No []

If your answer was no, or you have a reservation, please explain why:

How long have you known this applicant? _____

In what capacity?

Additional remarks, as to personal character, professional ability and intellectual preparedness for graduate study, are welcome and may be attached to the performance evaluation.

Signature: _____

Please print your name

Please print your address

Rev. 4/04, 1/06

Please send evaluation to:

Fairfield University & Bridgeport Hospital
Nurse Anesthesia Program
267 Grant Street (Perry 3)
Bridgeport, CT 06610

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