

Application Instructions

Please mail all of the required materials to:

**Hospital of Saint Raphael
School of Nurse Anesthesia
1423 Chapel Street
New Haven, CT 06511-4458**

1. Complete pages one (1) through four (4) of the **application form**.
2. Attach a **non-refundable fee** of \$50.00 for processing of the application, payable to Anesthesia Associates of New Haven, P.C.
3. Please attach a copy of your current **RN license, CPR certification** and **resume**.
4. Request that the **transcripts** from your nursing school and all other colleges or programs attended be sent directly to us. These must be official transcripts. Transcripts issued to the student are not acceptable.
5. Request that the **recommendation form** be sent from your current Supervisor, Director of the School of Nursing from which you graduated, and an unrelated physician or professor who has known you for three or more years.
6. Please be sure to **sign** the application form on page 4 as provided.
7. Please sign and return the **transcript release form** with your application. Your transcripts will be forwarded to our University affiliate after review.
8. Request GRE results be sent directly to us.
9. International applicants must submit the following:
 - Official transcripts and records of undergraduate and graduate studies and any program – specific application requirements directly from the University that you attended.
 - If English is not the official language of the school where you obtained your degree, proof of competency in English, as indicated by the Test of English as a Foreign Language (TOEFL) with a score of no less than 550 (213 on the computer-based test), must be submitted.
 - Translation of academic records produced and verified by a US academic credential evaluation agency, such as WES, must be submitted.

Please note: When all of the above items are received by the Hospital of Saint Raphael School of Nurse Anesthesia, they will be reviewed by the admissions committee. If you are eligible, you will be invited for a personal interview. All interviews must be scheduled before November 15th.

**HOSPITAL OF SAINT RAPHAEL
SCHOOL OF NURSE ANESTHESIA**

APPLICATION FOR ADMISSION

(Please print or type all information)

1. Name _____
(last) (first) (middle) (maiden)

2. Address _____
(street) (city) (state) (zipcode)

3. Telephone _____ e-mail address _____

4. Social Security Number _____ Place of Birth _____

5. School of Nursing _____

Location _____ Attended from _____ to _____

Degree/Major _____

6. Baccalaureate Institution _____

Location _____ Attended from _____ to _____

Degree/Major _____

7. List additional colleges attended or courses taken and have transcripts forwarded.

8. Military Service (Branch) _____ From _____ To _____

9. Position/Responsibilities _____

10. Nursing Experience (List current employer first. Add an additional sheet if necessary).

1. _____
(hospital) (city & state) (from-to)

(position and responsibilities)

2. _____
 (hospital) (city & state) (from-to)

 (position and responsibilities)

11. Please list active professional licensure/date.

State _____ Registration # _____
 State _____ Registration # _____
 State _____ Registration # _____

12. Personal References: (One must be from a current supervisor. The other from an unrelated physician or professor who has known the applicant three or more years)

a. Name _____
 Address _____
 Position _____

b. Name _____
 Address _____
 Position _____

Name of Director of Nursing School when graduated:

Name _____
 Address _____

Please request recommendations to be sent to:

Program Director
 Hospital of Saint Raphael
 School of Nurse Anesthesia
 1423 Chapel Street
 New Haven, CT 06511

13. Have you ever been censured, disciplined, dismissed or expelled from, been put on probation, or been requested to resign or withdraw from any hospital, nursing home, clinic, or health care agency, or third party reimbursement program, whether governmental or private?

Yes _____ No _____ If yes, explain

14. Have you ever had you membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice?

Yes _____ No _____ If yes, explain

15. Have you ever, in any state, the District of Columbia, a United States possession or territory, any branch of the armed services, or a foreign jurisdiction, any branch of the armed services, or a foreign jurisdiction:

a. Had any professional licensing or disciplinary body limit, restrict, suspend or revoke any professional license, certificate, or registration granted to you, or impose a fine or reprimand, or take any other disciplinary action against you?

Yes _____ No _____ If yes, explain

16. Have you ever been or are you now a chronic user of alcohol or any controlled substance?

Yes _____ No _____ If Yes, explain

17. Do you have previous prison or court record other than minor traffic violations?

Yes _____ No _____ If

Yes, explain _____

18. Do you have any health or physical condition, which might prove hazardous to anesthetized patients? Yes _____ No _____ If Yes, explain

19. Have you ever been a student in another anesthesia program? Yes _____ No -----
If yes, why did you leave?

20. We can periodically review your file and keep you updated via email. This is the quickest and most efficient method to obtain information from us. Your email address will be used exclusively for communication from the school and not transferred or sold to any other party. Do you wish to receive email updates to your current email address?

Yes _____ No _____

Please Read Carefully

I certify that this information is correct. I agree that any false or misleading information given on or in connection with this application shall be cause for immediate dismissal. I authorize the Hospital of Saint Raphael, School of Nurse Anesthesia to investigate any of the information given on or in connection with this application.

Signature of Applicant

Date _____