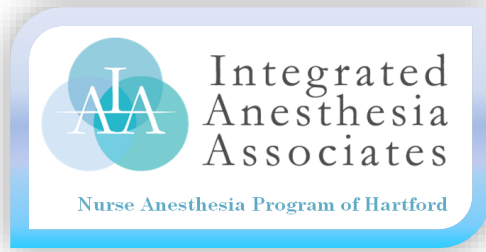


Application Form—Advanced Specialization



Integrated Anesthesia Associates Nurse Anesthesia Program of Hartford

Please type or print clearly

Date of Application: _____

Name: _____
Last First Maiden/Other names on transcripts

Address: _____
Street

_____ City State Zip Code

Telephone: _____

Email: _____

Social Security Number: _____ (we need this to cross-reference official transcripts)

Has your Registered Nurse License or Advanced Practice Nursing License ever been revoked, suspended, limited or disciplined in any manner? _____

If you answered “yes”, please attach a detailed explanation.

READ CAREFULLY: By my signature, I certify that the information in this application is complete and truthful. I understand that any false or misleading information given on or in connection with this application shall be cause for immediate dismissal. I authorize the Nurse Anesthesia Program of Hartford to investigate any and all of the information given on or in connection with this application, including but not limited to contacting references, current and previous supervisors, and state boards of nursing. I authorize the sharing of my official transcripts with the Admissions Committee as well as the Graduate Office at Central Connecticut State University.

Applicant's Signature: _____ Date: _____

Application Form—Advanced Specialization

Application - Additional Attachments

1. Resume or curriculum vitae – this should clearly document:
 - a. A chronological record of all colleges and universities attended, years attended, degree attained.
 - b. A chronological record of all pertinent employment, most recent job first, including dates (months and years).
 - c. A list of pertinent continuing education activities
 - d. Other honors, awards, activities or memberships which may enhance your application.
2. A clean, legible photocopy of:
 - a. Registered Nurse license(s) and Advanced Practice License (where indicated by state nurse practice acts)
 - b. BLS, ACLS and PALS card where required by state nurse practice acts
 - c. Certification or Recertification card from the NBCRNA
 - d. GRE scores (Program Code 7824)
3. Request official transcripts from any college or university and nurse anesthesia program you have attended. These may be either mailed or emailed directly to us from the university or an official transcript in a sealed envelope may be enclosed in your packet.
Note: If the transcript says “issued to student” it is not considered “official”.
4. A personal statement or essay of your professional goals and reasons for pursuing the Doctor of Nurse Anesthesia Practice degree. (500-word maximum)
5. References: a minimum of three, using our forms, must be submitted. They should be from your Nurse Anesthesia Program Director, a supervisor, and a peer acquainted with your knowledge, skills and abilities as a CRNA. Letters from friends and relatives are not accepted.
6. Application fee of \$100 – check made out to Integrated Anesthesia Associates.

Submit all documents to:

**Admissions Committee
Nurse Anesthesia Program of Hartford
100 Retreat Ave. Suite 403
Hartford, CT 06106**

Once your file is complete and reviewed, the Program Director will email you to schedule a personal interview.

As an affiliate of Central Connecticut State University, we are an Equal Opportunity Employer. We comply with all applicable Federal, State, and local laws concerning discrimination in employment, including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. It is the policy of the NAPH that no person, on the basis of race, gender, color, religion, national origin, or ancestry, age, marital status, handicap or Vietnam-era veteran status, shall be discriminated against in employment, education programs and activities, or admissions.