



Application Form — Entry Level

Please type or print clearly

Date of Application: _____

Name: _____
Last First Maiden/Other names on transcripts

Address: _____
Street/Bldg/Apt #

_____ City State Zip Code

Phone: _____ Email: _____

Social Security Number: _____ (needed to cross-reference official transcripts)

I am a CT resident and I am applying early action. Applications must be submitted by June 1

Have you ever been accepted into or attended a nurse anesthesia program before? _____

Has your RN License ever been revoked, suspended, limited or disciplined in any manner? _____

If you answered “yes” to either question, 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 — Additional Attachments

1. Resume or curriculum vitae – this should clearly document:
 - a. A chronological record of all colleges and universities attended, years attended and degree attained.
 - b. A chronological record of all pertinent employment, most recent job first, including dates (months and years). Describe the type of nursing unit you worked on and the average number of hours worked per week.
 - 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)-signed
 - b. AHA certifications
 - i. BLS card
 - ii. ACLS card
 - iii. PALS card
 - c. CCRN certification
3. Official transcripts from all colleges or universities you have attended. These may be either mailed or emailed directly to us (NAPH@ccsu.edu) from the university.
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 a doctoral degree in nurse anesthesia. (300-word limit)
5. References: a minimum of three, using our forms, must be submitted. One should be from a current supervisor. Letters from friends and relatives are not accepted.
6. Application fee of \$150 – Make the check payable to: Integrated Anesthesia Associates.

Submit all documents to:

Nurse Anesthesia Program of Hartford
Attn: Terri Williams, Program Director
100 Retreat Ave. Suite 900
Hartford, CT 06106

Once your file is complete, we will email eligible applicants 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.