Please Print Legibly

USM NURSE ANESTHESIA ADDITIONAL APPLICANT INFORMATION SH

Name: . Phone # . Date of Birth: . YRS Experience as RN . YRS Experience in ICU .

Address: . Gender . Race .

. (For Gov’t Statistics only)

Current Email Address:

Current Employer/Hospital: Unit/Department/Specific ICU: Current Unit Supervisor: BSN University

Have you ever attended an anesthesia program?

No \_\_\_\_ Yes \_\_\_\_ Program \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City**  **State**

A personal statement describing why you want to enter the nurse anesthesia profession is required. Upload it with your application.

Please prepare a CV/Resume to be uploaded that includes the following at minimum (if applicable):

* **Contact information**
* **Education history starting with most recent**
* **Work history starting with current employer and years in each unit**
* **Volunteer activities**
* **Committee involvement**
* **Military involvement**
* **Certifications and licenses**
* **Organizational membership**
* **Awards and Honors**
* **Collegiate athletic involvement**
* **Mission work (Local, US, International)**
* **Names and number for 3 references**
* **Anything else you would like us to know for consideration**