

**NEW BRITAIN SCHOOL OF NURSE ANESTHESIA**  
**100 Grand Street New Britain, Connecticut 06052-2016**  
**Telephone 860/224-5612**

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**Directions for Application:**

1. Complete and sign the enclosed **Application Form**.
2. Submit a **Résumé** that clearly indicates:
  - Chronological record of all colleges and universities attended
    - The major sought and/or degree granted
    - The years attended
  - Chronological record of your nursing experience
    - Most recent job first
    - Indicate the type of unit and/or patient acuity for each
    - Include dates (month and year)
  - A list of recent and pertinent continuing professional education
  - A list of certifications you hold such as BLS, ACLS, PALS, CCRN (include copies of these)
  - Other honors, activities, awards or memberships that enhance your application to Nurse Anesthesia School
3. A list of *at least* three individuals who will provide **professional references** for you.
  - They should include a current or recent nursing supervisor who can comment on your critical care skills.
  - Other suggestions include preceptors, educators, and peers
  - No references can be accepted from family members
  - Include their name, address, phone and/or email
  - Give each one our reference form to return directly to us
4. **Personal statement/essay of your professional goals** and reasons for pursuing advanced nursing anesthesia education
5. RN license
6. Request that **official transcripts** of EVERY undergraduate and graduate program or courses attended are sent directly to us
7. Submit the **application fee - \$50.00** - check made out to New Britain Anesthesia, P.C.
8. Once all your application materials have been submitted, call us to request a **personal interview**. Interviews are held annually during October and November for qualified applicants.

You may want to use this page as a “checklist” to be sure you have submitted all materials. No action will be taken on incomplete applications. You are encouraged to contact the school to ensure your application materials have been received.

## Basic Qualifications for Admission:

Please see the Program Brochure for a thorough explanation of admission requirements.

1. Registered Nurse, Connecticut license or eligibility for one. Have a minimum of two years of critical care nursing experience. Note: critical care experience is defined as daily or full time contact with patients in intensive care units, use of invasive monitors, continuous cardiac monitors, ventilators, vaso-active infusions, and life threatening pathophysiology.
2. BLS and ACLS are required; CCRN and PALS certifications are strongly suggested for the competitive applicant.
3. Possess a baccalaureate degree from an accredited institution in either nursing or a related science field. Undergraduate Grade Point Average (GPA) must be 3.0 (on a 4.0 scale) or greater. Course work must include: two semesters Chemistry (1 semester must be biochemistry or organic chemistry); two semesters Human Anatomy & Physiology; one semester Microbiology. Prerequisite science coursework that is greater than 7 - 10 years old must be supplemented with refresher courses at the undergraduate or graduate level. (Please call the director with individual concerns).
4. Letters of professional recommendations must be submitted on our forms. They must address critical care abilities. Therefore, it is suggested that references come from a current nursing supervisor or manager, a recent preceptor or educator, or a professional peer.

The New Britain School of Nurse Anesthesia, as an Equal Opportunity employer, complies with applicable federal and state laws prohibiting discrimination, including Title IX of the Education Amendments of 1972 and Section 504 of the Rehabilitation Act of 1973. It is the policy of the New Britain School of Nurse Anesthesia that no person, on the basis of race, sex, 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.

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**APPLICATION FORM**  
*(Please type or print clearly)*

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

(Last)

(First)

(Maiden, or other name on transcripts)

Address: \_\_\_\_\_

(Street, City State, Zip)

Telephone: \_\_\_\_\_

(daytime)

(work/alternate phone)

Email: \_\_\_\_\_

(please provide an email contact – this is our preferred method of communication)

Social Security Number: \_\_\_\_\_

Please answer these questions:

1. Has your nursing license ever been revoked, suspended, disciplined or limited? \_\_\_\_\_
2. Have you ever been accepted into or attended anesthesia school before? \_\_\_\_\_

If the answer to any of the above questions is *yes*, please attach a detailed letter of explanation.

**READ CAREFULLY:** By my signature, I certify that the information in this application is complete and correct. I understand that any false or misleading information given on or in connection with this application shall be cause for immediate dismissal. I authorize New Britain School of Nurse Anesthesia 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 you to share my transcripts with members of the Admissions Committee and the Graduate School at Central Connecticut State University.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**REFERENCE FORM**  
*(Please type or print clearly)*

APPLICANT'S NAME: \_\_\_\_\_

In compliance with Public Law 93-380, Section 438 ("Buckley Amendment") the applicant should check one.

\_\_\_\_\_ I waive my right of access to this recommendation (i.e., I may not review this reference)

\_\_\_\_\_ I do not waive my right of access to this recommendation (i.e., I may review this reference)

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

The applicant named above is applying for admission to our school. Your honest and complete appraisal of the following characteristics is appreciated. Please make comments after each item if warranted and *submit this directly* to the Admissions Committee at address above. Thank you.

1. How long have you known the applicant? \_\_\_\_\_
2. What is your relationship to the applicant? (e.g. peer, friend supervisor, employer, preceptor) \_\_\_\_\_
3. How well do you know the applicant? \_\_\_\_\_
4. How would you rate the applicant's critical care nursing skills? \_\_\_\_\_
5. What would you consider are the applicant's strongest characteristics or strengths?  
\_\_\_\_\_
6. What would you consider are the applicant's weaknesses? \_\_\_\_\_  
\_\_\_\_\_
7. Would you want the applicant to be responsible for the nursing care of you or a loved one in a critical care unit? \_\_\_\_\_
8. Do you think this applicant is a good candidate for graduate studies in the specialty of nurse anesthesia? \_\_\_\_\_

Continued on next page

9. How would you rank the applicant in terms of the following?

Scale:

- 4 - outstanding, consistently exceptional
- 3 - above average, usually very good
- 2 - average, acceptable
- 1 - below average, not acceptable, inconsistent
- N - not observed or not able to assess

• Intellectual ability, intelligence	4	3	2	1	N
• Motivation, self direction , initiative	4	3	2	1	N
• Imagination, innovation, creativity	4	3	2	1	N
• Problem solving, critical thinking skills	4	3	2	1	N
• Verbal communication, oral expression	4	3	2	1	N
• Written communication	4	3	2	1	N
• Leadership ability	4	3	2	1	N
• Reliability, accountability	4	3	2	1	N
• Honesty, integrity, personal ethics	4	3	2	1	N
• Cooperation, ability to be a team player	4	3	2	1	N
• Ability to function under stress	4	3	2	1	N
• Open mindedness, flexibility	4	3	2	1	N
• Job related motor skills, coordination	4	3	2	1	N

Please add any comments that you believe will assist in making a decision regarding admission to a graduate program of advanced nursing practice. We are especially interested in the applicant's critical care abilities, emotional stability, interpersonal skills and work habits.

Referral's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name and title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone or email: \_\_\_\_\_

**Thank you**