



# MIDDLE TENNESSEE SCHOOL OF ANESTHESIA

P.O. Box 6414 • Madison, TN 37116  
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 Fax: (615) 868-9885

Applications are revised annually. Please request new application after September 30, 2004.

NAME: \_\_\_\_\_  
 (Last) (First) (Middle) (Maiden - if applicable)

NAME THAT YOU GO BY (if other than first name): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) (Zip Code)

PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EDUCATION** (List all schools of higher education that you have attended. Use back of sheet if additional space is needed.)

	(Name & Address)	From	To	Major	Degree
COLLEGE/SCHOOL OF NURSING					
OTHER SCHOOLS					
OTHER SCHOOLS					
OTHER SCHOOLS					

**REFERENCES** (It is your responsibility to give the reference forms to the following people. However, we may want to contact them and we need complete address information.)

(1) IMMEDIATE SUPERVISOR

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
 \_\_\_\_\_

(2) CURRENT CO-WORKER

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
 \_\_\_\_\_

(3)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
 \_\_\_\_\_

(4)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
 \_\_\_\_\_

(5)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
 \_\_\_\_\_

# COMPOSITE

Please accurately complete the following composite, as well as sending in materials requested in the catalog:

NAME: \_\_\_\_\_

(Applicants must be registered nurses. For most candidates, the nursing degree is the BSN. However, having earned the Associate Degree in Nursing, and having additionally obtained a BS in a related field of science is appropriate. The following is an attempt to determine the applicants cumulative GPA and Science GPA. Fill in only those that are appropriate to you.)

BSN GPA: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

BS GPA: \_\_\_\_\_ Date Obtained: \_\_\_\_\_  
(if other than BSN)

AS or AD Nursing GPA: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Science GPA: \_\_\_\_\_ (Number of quality points earned in all science courses at all schools attended divided by number of hours of science courses.)

Other Degrees: \_\_\_\_\_ GPA \_\_\_\_\_ Date Obtained \_\_\_\_\_

Members of the Admissions Committee of the Middle Tennessee School of Anesthesia feel strongly that candidates for admission to MTSA should have:

- Had experience working with patients who are monitored with invasive hemodynamic monitors (Swan-Ganz), and demonstrate an understanding of the wave-forms in these monitors
- Actually been the nurse responsible for administration of vasoactive drugs to patients, and who demonstrate an understanding of why these drugs are administered and their effects on the body. To include actions at the cellular level and side effects of the drugs.
- Had experience with mechanically ventilated patients
- Been ACLS certified and capable of answering questions regarding algorithms and drugs used for the various cardiac scenarios presented in that course

To help the Committee compare experience of candidates more accurately, each candidate for admission is asked to accurately complete the following:

1. How long will you have worked in an acute care area of nursing where you take care of patients meeting the above three criteria by August?
  - a. One year
  - b. Two years
  - c. Three years
  - d. Other - \_\_\_\_\_ years
2. How many beds are in the hospital where you have had the most experience? \_\_\_\_\_
3. How many beds are in the unit where you actually work? \_\_\_\_\_
4. How often do **you** care for patients who are monitored with Swan-Ganz monitors?
  - a. Daily
  - b. Three times per week
  - c. Once per week
  - d. Less often, approximately \_\_\_\_\_ per \_\_\_\_\_
5. How often do **you** take care of patients who are receiving intravenous vasoactive drug infusions, and are responsible for titration of these drugs?
  - a. Daily
  - b. Three times per week
  - c. Once per week
  - d. Less often, approximately \_\_\_\_\_ per \_\_\_\_\_

6. List the vasoactive infusions **you** commonly administer to patients in your unit.

- a. \_\_\_\_\_ d. \_\_\_\_\_
- b. \_\_\_\_\_ e. \_\_\_\_\_
- c. \_\_\_\_\_ f. \_\_\_\_\_

7. How often do **you** take care of patients who are mechanically ventilated, and are their primary care provider?

- a. Daily
- b. Three times per week
- c. Once per week
- d. Less often, approximately \_\_\_\_\_ per \_\_\_\_\_

Applicants to MTSA should be prepared to have a brief (10 minute) interview with the Admissions Committee (9-15 members). This Committee will have copies of your file and will feel they know quite a bit about you from your transcripts, your personal letter, references, and from your answers to the proceeding questions. In order to facilitate the interview, the Committee has asked that all applicants be prepared to answer clinical questions related to their work place.

**The candidate should be able to answer questions regarding the physiologic action of pharmacologic agents (intravenous vasoactive infusions) and other drugs they commonly administer to their patients both who are and who are not invasively monitored. It would be wise to know not only the organ where these drugs work, but the receptor sites as well, and any intracellular actions if known. The applicant should know any toxic or side effects of these drugs. Questions related to Swan-Ganz waveforms in the various positions, ventilators, ACLS algorithms, and oximeters are common. (The applicant is encouraged to keep a copy of this information to assist in preparation for admission)**

***NURSING EXPERIENCE***

The **highest preference** is given to those applicants who have **recent ICU** experience. While Emergency Room and Recovery Room may be considered, these areas usually do not carry as much weight with the Admissions Committee as ICU experience does.

Please complete the following chart related to your history of **critical care** nursing experience:

Dates	Name of Facility and approximate size	Experience i.e.: SICU, CCU, Recovery Room and Emergency Room, with <b>Invasive</b> Monitoring Experience
Current:		

