



Deadline: September 15, 2010

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MIDDLE TENNESSEE SCHOOL OF ANESTHESIA

P.O. Box 417 • Madison, TN 37116
Phone/Fax: (615) 732-7662 or (888) 353-6872 x.7662

Application for the class of 2011 - 2013

Check one: New Application Reapplication Number of times applied

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)

Permanent Address: _____
(if on Travel Assignment) (Street) (City) (State) (Zip Code)

PHONE: (Home) _____ (Cell) _____ E-Mail: _____

EMPLOYER: _____

ADDRESS: _____ PHONE: _____

HOW DID YOU HEAR ABOUT MTA?

Internet (which site) _____ Educational Career Fair (name of school) _____
Professional Career Fair (organizer name) _____ Coworker/Friend/Family (name) _____
Publication/Advertising (name or brochure) _____ Other _____

EDUCATION (List all schools you have attended since high school, to include any in which you are currently enrolled)

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

If you attended more than 3 schools, please list on a separate page.

(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 minimum of a baccalaureate degree with a minimum of 15 hours of biophysical science is appropriate. The following is an attempt to determine the applicant's cumulative GPA and Science GPA. Fill in only those that are appropriate to you.)

BSN GPA: _____ Date Obtained: _____

Baccalaureate GPA: _____ Date Obtained: _____
(if other than BSN)

Masters GPA: _____ Date Obtained: _____

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 _____

REFERENCES

(Print MTSA reference forms from website and have completed by the following professionals. Contact info required.)

(1) **IMMEDIATE SUPERVISOR (Required)**

NAME _____ TITLE _____
ADDRESS _____ YEARS KNOWN _____
_____ EMAIL _____

(2) **CURRENT RN CO-WORKER**

NAME _____ TITLE _____
ADDRESS _____ YEARS KNOWN _____
_____ EMAIL _____

(3) **CURRENT RN CO-WORKER**

NAME _____ TITLE _____
ADDRESS _____ YEARS KNOWN _____
_____ EMAIL _____

(4) **CURRENT OR RECENT RN CO-WORKER**

NAME _____ TITLE _____
ADDRESS _____ YEARS KNOWN _____
_____ EMAIL _____

(5) **OTHER PROFESSIONAL CO-WORKER (RN, MD, CRNA)**

NAME _____ TITLE _____
ADDRESS _____ YEARS KNOWN _____
_____ EMAIL _____

EXPERIENCE

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

1. How many beds are in the hospital where you have had the most experience? _____

2. How many beds are in the critical care unit where you actually work? _____

3. How often do **you** care for patients who are monitored with Swan-Ganz or other invasive monitors?

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

4. How often do **you** take care of patients who are receiving intravenous vasoactive drug infusions, and you are responsible for titration of these drugs?

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

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

- a. _____ d. _____
- b. _____ e. _____
- c. _____ f. _____

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

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

7. How long will you have worked in an acute care area of nursing where you take care of patients meeting the above criteria by July?

- a. One year
- b. Two years
- c. Three years
- d. Other - _____ years

Shifts you work: ___ 8 hr ___ 12 hr ___ Other

How many shifts do you work per week? _____

Applicants to MTSA should be prepared to have a brief (10 minute) interview with the Admissions Committee (8-12 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 candidate should be very familiar with physiology of the circulatory, respiratory, renal and autonomic nervous systems.

(The applicant is strongly encouraged to keep a copy of this information to assist in preparation for the admissions interview.)

List all states in which you have ever been licensed as a registered nurse:

State _____ License # _____ Expiration Date _____

State _____ License # _____ Expiration Date _____

State _____ License # _____ Expiration Date _____

Registered Nurse Employment History BEGINNING WITH THE MOST RECENT:

Employment dates from/to: _____

Employer's Name: _____

Address: (City) _____ (State) _____ (Zip) _____

Unit: _____ Position held as an RN: _____

Immediate Supervisor: _____

Average Hours Worked per Week: _____

Reason for Leaving: _____

Primary responsibilities included: _____

Experiences included:

supervisory responsibility ventilators invasive monitoring titrating IV drips via standing orders

Employment dates from/to: _____

Employer's Name: _____

Address: (City) _____ (State) _____ (Zip) _____

Unit: _____ Position held as an RN: _____

Immediate Supervisor: _____

Average Hours Worked per Week: _____

Reason for Leaving: _____

Primary responsibilities included: _____

Experiences included:

supervisory responsibility ventilators invasive monitoring titrating IV drips via standing orders

Employment dates from/to: _____

Employer's Name: _____

Address: (City) _____ (State) _____ (Zip) _____

Unit: _____ Position held as an RN: _____

Immediate Supervisor: _____

Average Hours Worked per Week: _____

Reason for Leaving: _____

Primary responsibilities included: _____

Experiences included:

supervisory responsibility ventilators invasive monitoring titrating IV drips via standing order

If you have more, please list on a separate page.

Please answer all questions:

- Yes No Have you ever been charged with or convicted of a criminal offense other than a minor traffic violation including those offenses that have been expunged?
- Yes No Have you ever abused drugs/alcohol or been treated for dependency to alcohol or illegal chemical substances?
- Yes No Have you ever been charged, arrested or convicted for driving under the influence of drugs/alcohol including those offenses that have been expunged?
- Yes No Have you ever had any disciplinary action or is action pending against you by any state board of nursing?
- Yes No Have you ever been placed on a state and/or federal abuse registry?
- Yes No Have you ever been court-martialed, disciplined or administratively discharged from the military?
- Yes No Have you ever been charged with or convicted of a felony?
- Yes No Has your nursing license ever been suspended or revoked for any reason?
- Yes No In any college/university you have attended, have you ever been suspended for any reason?
- Yes No In any college/university you have attended, have you ever been expelled for any reason?

If you answer "yes" to any of the above questions, attach an explanation. If you have questions, please contact the Admissions Office at 615-732-7662.

Have you ever attended another nurse anesthesia program? Yes _____ No _____
If Yes, Program attended _____ Dates attended _____

All applicants who have previously attended and did not complete another nurse anesthesia program must submit a letter of reference from their prior program director on program/university letterhead.

Have you completed your CCRN? Yes ___ No ___ (Highly recommended for re-applicants) Date completed: _____

Are you currently enrolled or planning to enroll in any courses prior to interview? Yes _____ No _____
If Yes, what course? _____ What Institution? _____

Are you currently enrolled in any graduate degree seeking program? Yes _____ No _____
If Yes, what institution? _____ When will you graduate? _____ What degree? _____
If Yes, and if you are accepted to MTSA, do you plan to complete the other graduate degree program?
Yes _____ No _____

(If No, MTSA may request a letter of acknowledgement from that program director in which you are currently enrolled.)

Middle Tennessee School of Anesthesia admits students without regard to race, color, sex, age, disability, marital status, religion, sexual orientation or ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, gender, age, disability, marital status, religion, sexual orientation, national or ethnic origin, in administration of its educational policies, admission policies, grant and loan programs, or any other School-administered programs. The School will make reasonable accommodation wherever necessary for all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the academic and clinical requirements of the curriculum.

I certify that all information given in this application is complete and accurate. If I am accepted as a student and enroll, I pledge to uphold the Christian values and Standard of Conduct which are essential to the mission of Middle Tennessee School of Anesthesia. I will conduct myself in a manner that will reflect positively upon me, my peers and the School. I consent to the use of my name and photograph in publications of Middle Tennessee School of Anesthesia.

Signature _____

Date _____

Optional information for reporting purposes only. This section is not required.

Religious Preference _____

Racial/Ethnic Origin: ___ Black/African American ___ American Indian/Native American ___ Asian
___ Pacific Islander ___ White, Caucasian ___ Hispanic, Latino, Hispanic American ___ Other: _____

U.S. Citizen ___ Yes ___ No If not, country of citizenship _____



Authorization for Release of Information for Verification of Academic Status, Standing, and Performance

My signature below indicates I understand the published MTSA Policy as stated in the *2010 Student Catalog* [amended below for reference purposes] for MTSA to obtain information from another educational institution and its faculty members, regarding my academic status, standing, progress, and/or performance in a course or program at that school, and consent to the release of such information from any other educational institution to MTSA.

Date

Signature of Applicant

Printed Name

MTSA highly encourages and has a strong expectation that applicants who are currently enrolled in a master's degree program at ANY school of nursing or in any specific course at any school will remain engaged in that program or course and will complete that program or course successfully and in good standing prior to enrollment at MTSA. Applicants currently enrolled in any academic program or course must disclose this to MTSA during the application process. In addition, as part of the application process, these applicants must sign this written release to provide MTSA the right to access grades in these programs or courses and to confer with faculty and/or the program director for these programs or courses in which they are currently enrolled. This release will allow MTSA to validate whether the applicant has remained engaged in that program or course and has successfully completed that program or course prior to enrollment at MTSA, via a signed letter from a faculty member or the program director on that school's letterhead.

2010 MTSA Catalog