

APPLICATION CHECKLIST

CAROLINAS MEDICAL CENTER NURSE ANESTHESIA PROGRAM/UNCC

Dear Applicant:

The following checklist is provided for your assistance in keeping a record of your application process. Be sure you read this information carefully. Applications are accepted all year. Interviews are held in January, April, and September/October. Apply early. It takes longer than you think to get all this information submitted, compiled and sent to the University of North Carolina Charlotte (UNCCCharlotte) School of Nursing.

There are **two application forms**: 1. Carolinas Medical Center Nurse Anesthesia Program/UNCC. 2. UN CCharlotte Application for Admission, Graduate School.

Completely fill out **both** applications as follows:

1. Carolinas Medical Center Nurse Anesthesia Program/UNCC or www.carolinashealthcare.org

- _____ The application form - complete all requested information
- _____ \$40 non-refundable administrative application fee made out to CMC Nurse Anesthesia Program
- _____ A copy of your current nursing license, ACLS, BCLS and PALS certification

Mail the Program Application to:

CMC Nurse Anesthesia Program/UNCC
Attn: Student Affairs
P. O. Box 32861
Charlotte, NC 28232-2861

2. UNCCCharlotte or click on the link [Apply Now!](#)- Assemble all of the following material as directed in the instructions. If you have a Master of Science in Nursing (MSN), check “Graduate Certificate” and complete the application as directed.

- _____ Application for Graduate and Certificate of Advanced Study Package
- _____ \$55 non-refundable administrative application fee made out to UNCCCharlotte
- _____ All previous college transcripts
- _____ GRE scores (have the results sent to UNCCCharlotte)
- _____ Three letters of reference (at least two of these must be from RNs)
- _____ Statement of purpose - Be specific - Why do you want to be a nurse anesthetist? Limit to one page.

Mail the UNCCCharlotte Application to:

UNCCCharlotte
The Graduate School
210 Cato Hall
9201 University City Boulevard
Charlotte, NC 28223-0001

It is **your** responsibility to follow the progress of your application. As soon as **all** of your application material is received, it will be reviewed. Your application **will not be processed** until it is complete. You will be notified of your eligibility for admission interview as soon as possible.

Thank you for applying to CMC Nurse Anesthesia Program/UNCCCharlotte. If you need further assistance, please call the Nurse Anesthesia Program at (704) 355-2375 or UNCCCharlotte School of Nursing at (704) 687-3366.

Sincerely,

Karen E. Lucisano, CRNA, MSN
Program Director

APPLICATION FOR ADMISSION

CAROLINAS MEDICAL CENTER NURSE ANESTHESIA PROGRAM/UNCC

NOTE: Fill in all blanks. **Do not** include your curriculum vitae or resume. Attach a non-refundable \$40.00 administrative application fee made out to: Carolinas Medical Center Nurse Anesthesia Program/UNCC

Proposed term of entry August, 20 _____ Full Time _____ Part Time _____ Post Master's _____

Name _____ **Social Security #** _____ - _____ - _____

Last/Family *First* *Middle* *Maiden*

Mailing Address

Street & Number *City* *State* *Zip*

Telephone Number (H) _____ (W) _____

Date of Birth: _____ **Email Address:** _____

RN License: _____
State *Certificate #* *Expiration Date*

(Please enclose a copy of your license.)

Has your license ever been revoked or suspended? Yes No If so, please attach an explanation.

Academic Background:

Please list **all** academic institutions you have ever attended. (If necessary, continue on blank sheet of paper)

Academic Institution (Address)	Dates Attended	Diploma or Degree

Professional Experience:

Number of Years in ICU/CCU _____ **What area?** _____

(Begin with the most recent)

Institution	Type of ICU/ Number of ICU Beds	Position	Dates	# of Hours Worked per Week

Have you ever attended or been dismissed from another nurse anesthesia program? Yes No
If yes, please attach an explanation of circumstances.

CMC/UNCCharlotte Drug-Free Workplace Policy:

In order to ensure a safe and efficient work environment, we have adopted a drug-free workplace policy, which supplements existing personnel policies and practices and includes pre-enrollment as well as random drug screening. Participation is mandatory. Students must know that abusing alcohol or using controlled substances may result in the termination of the student from the Carolinas Medical Center Nurse Anesthesia Program/UNCC.

I will abide by Carolinas Medical Center Nurse Anesthesia Program/UNCC regulations concerning application deadlines and admission requirements. I certify that the information given in this application is complete and accurate. I understand that false or fraudulent statements within this application may result in denial of admission, disciplinary action, and invalidation of credits or degrees earned at Carolinas Medical Center and the UNCCharlotte. I further agree to the release of any transcripts and test scores to this institution. If admitted, I hereby agree to abide by the policies, rules regulations and code of honor and integrity of Carolinas Medical Center Nurse Anesthesia Program/UNCC.

 Applicant's Signature

 Date

The Carolinas Medical Center Nurse Anesthesia Program/UNCC does not discriminate on the basis of disability, age, sex, culture, race, ethnic or religious affiliation in admission or in access to its program.