



**ALBANY MEDICAL COLLEGE
 CENTER FOR NURSE ANESTHESIOLOGY
 47 NEW SCOTLAND AVENUE
 ALBANY, NEW YORK 12208
 (518)-262-4303**

APPLICATION FOR ADMISSION

The undersigned hereby applies for admission to the Albany Medical College Nurse Anesthesiology Masters Degree Program:

Name _____
 (Last name) (First name) (MI)

(Other names that may appear on credentials): _____

Nurse Anesthesia Class beginning Fall of (Year): _____ Full-time [] Part-time []

Address: _____ Home Phone: _____
 _____ Cell Phone: _____
 _____ E-mail address: _____

Have you taken the Graduate Record Examination? _____ If yes, date of test: _____
 If no, date you plan to take the test: _____
 GRE scores, if available: Verbal: _____ Quantitative: _____ Analytical: _____

EDUCATIONAL EXPERIENCES:

List in chronological order all undergraduate, graduate and professional schools attended.

College/University	City, State	Major	Minor	From	To	Degree

Academic honors: _____

Professional activities: _____

Extra-curricular activities: _____

The Albany Medical College is committed to the belief that educational opportunities should be available to all qualified persons without regard to race, creed, color, age, gender, marital status, handicap, or national origin. Our policies, practices, and procedures reflect and support this belief.

EMPLOYMENT EXPERIENCES as a Registered Professional Nurse (List in chronological order):

Employer	City, State	Critical Care Unit	From	To

Describe in more detail any of the above positions, which are pertinent to this application. Use extra pages if necessary.

Have you successfully completed the CCRN examination _____ Date _____
 Have you ever attended a Nurse Anesthesiology Program? _____ If yes, when _____
 Name of Program: _____ for contact purposes.

Give names, addresses, phone numbers, and e-mail addresses of *three* individuals from whom you intend to solicit letters of reference. **One must be your immediate supervisor.**

- 1) _____

- 2) _____

- 3) _____

Personal Statement:

In an accompanying statement of 500 words describe your motivation for wanting to pursue graduate study, what your professional goals are and the relationship of graduate study to those goals.

What was the source of information that led to your interest in the Nurse Anesthesiology Program at Albany Medical College? _____

Are you a minority applicant? Yes _____ No _____ (Response is optional)
 If yes, how do you describe yourself? Black American _____ Hispanic _____
 Native American _____ Other _____

I certify that the information I submit in this application is complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or any omission of requested information may be cause for terminating me from the program at any time. I authorize Albany Medical College and/or the Nurse Anesthesiology Program to consult with other institutions and persons in order to verify any information in this application. I release from liability all individuals and institutions which provide information to Albany Medical College and/or the Nurse Anesthesiology Program in connection with this application. I also release from liability Albany Medical College and/or the Nurse Anesthesiology Program for acts performed in connection with the evaluation of this application.

 Signature

 Date

APPLICATION PROCEDURE:

1. Answer each of the foregoing questions. Incomplete applications will not be considered.
2. The Graduate Record Examination (General Aptitude Test) is required. Please direct the Educational Testing Service to forward the scores to the Albany Medical College Center for Nurse Anesthesiology. (Institution Code: 2947; Department Code: 0610).
3. Request the registrar of each college, graduate, and/or professional school you have attended to submit official transcripts of your record to the Albany Medical College Center for Nurse Anesthesiology. These transcripts must come directly from the record office of each institution, not from the applicant. You must also make arrangements to have all subsequent official transcripts forwarded to the Program Office as soon as they become available.
4. Letters of recommendation are to be sent directly to the Nurse Anesthesiology Program Office at the address listed below.
5. A non-refundable application fee of \$75.00 (seventy-five dollars), made payable to *Albany Medical College Center for Nurse Anesthesiology*, must accompany this application. **All fees are subject to change without prior notice.**
6. Submit a copy of the following licenses/certifications with your application:
 - Verification of *initial* licensure as a Registered Professional Nurse in the United States.
 - Verification of *initial* licensure as a Registered Professional Nurse in New York State; *must be obtained prior to the start of the Program.*
 - Verification of New York State Infection Control and Barrier Precautions Certificate; *must be obtained prior to the start of the Program.*
 - Verification of current New York State Registration Certification as Registered Professional Nurse.
 - Verification of current Basic Life Support (BLS) certification.
 - Verification of current Advanced Cardiac Life Support (ACLS) certification.
 - Verification of current Pediatric Advanced Life Support (PALS) certification
 - Critical Care Essentials I & II (or equivalent) required.

Submit all documentation to:

**Center for Nurse Anesthesiology
Albany Medical College
47 New Scotland Avenue, MC-131
Albany, New York 12208**