

SCHOOL OF ANESTHESIA

Independence Health System School of Anesthesia at Saint Vincent College Latrobe Hospital

One Mellon Way, Latrobe, PA 15650 724-537-2638

Date: _____

APPLICATION

Full Name:						
(Last)	(First)	(Middle)	(Maiden)			
Present Address:						
(Street)	(City)	(State)	(Zip Code)			
Mailing Address:						
[] Same as above (Street)	(City)	(State)	(Zip Code)			
E-Mail Address:	Date of Birth:					
Telephone #:	Soc	Social Security #:				
		·				
	EDUCATION:					
<u>Undergraduate Education:</u>						
School:	Dates Atten					
Major:	Year Gradu	Month/Year ated:	Month /Year			
School	Dates Atten	ded:Month/Year	toto			
Major:	Year Gradu		MOHUT, redi			
Graduate Education:						
School:	Dates Atten	ded:	to			
Major:	Year Gradu	Month/Year ated:	Month /Year			
School	Dates Atten	ded:Month/Year	to			
Major:	V C		Month /Year			
Other:	Dates Attend	ded: to	Year Graduated:			
		Month/Year Month/				
PM Pogistration	•					
RN Registration:(State	<u>5</u>)	(RN #	ŧ)			
Have you ever attended a School of Anest	thesia before? [] YES	[] NO				
If YES, name of program:						
List (3) professional people you are using	for letters of recommendation	one must come from you	ir current nurce			
manager.	ioi ietteis oi recommendation,	one musi come nom you	ai cuitetti tiuise			
1						
2						
3						

EMPLOYMENT:

(list most recent employer first, including U.S. Military Service)

Firm:	Address:			
Title:	Department:			
Nature of Work:				
	Employed full-time from:		to	
		Montn/Year		Montn/Year
	Employed part-time from:		to	
	Employed part time from:	Month/Year		Month/Year
Immediate Supervisor:				
Reason for leaving:	-			
Firm:	Address:			
Title:	Department:			
Nature of Work:				
	Employed full-time from:	Month/Vear	to	Month/Year
		World / Teal		MOTUT, Teal
	Employed part-time from:		to	
Leave distance Communication	Employed part-time from:	Month/Year		Month/Year
Immediate Supervisor:				
Reason for leaving:				
Firm:	Address:			
Title:	Department:			
Nature of Work:				
	Employed full-time from:	Month/Year	to	Month/Year
			to	
Immediate Supervicer	Employed part-time from:	Month/Year	to	Month/Year
Immediate Supervisor:		Month/Year	to	Month/Year
		Month/Year	to	Month/Year
Immediate Supervisor: Reason for leaving:		Month/Year	to	Month/Year
		Month/Year	to	Month/Year
		Month/Year	to	Month/Year

EMPLOYMENT: (Cont'd) (List most recent employer first, including U.S. Military Service)

Firm:	Address:						
Title:	Department:						
Nature of Work:							
	Employed full-time from:		to	_			
		Month/Year	Mon	th/Year			
	Employed part-time from:	Month/Year	to Mon	nth/Year			
Immediate Supervisor:		,					
Reason for leaving:							
Reason for leaving.							
Computer Skills: Excellent Average	Below Average						
Have you ever been convicted of any misdemeanor, felony	y, or any criminal offense o	other than parking	g violations?				
Yes No							
Tes Tivo							
Has your PN license ever been revoked in PA or in any other	or stato? If Vos. give brief	ovolanation					
	Has your RN license ever been revoked in PA or in any other state? If Yes, give brief explanation.						
Yes No							
If Yes to either of the above, please give brief explanation:							
Agreement:							
I hereby certify that the foregoing statements are true and correct t				ool permission			
to verify such answers. I understand that any false statement on thi	s application is sufficient caus	se tor rejection of this	s application.				
Signature:	Date:						

Type on a separate sheet and include with your application:

- ➤ A brief summary of your journey to become a nurse
- ➤ How you became interested in the nurse anesthesia profession
- Why you believe you will succeed in the program