

**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.

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

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

**1. Carolinas Medical Center Nurse Anesthesia Program/UNCC**

- \_\_\_\_\_ The application form - complete all requested information
- \_\_\_\_\_ \$60 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  
Attn: Student Affairs  
P. O. Box 32861  
Charlotte, NC 28232-2861

**2. UNC Charlotte**

**First review the instructions at <http://graduateschool.uncc.edu/admissions/application-requirements.html>.**

Assemble all of the following material as directed in the instructions. Then click on the link <http://graduateschool.uncc.edu/admissions/apply-now.html> to actually apply to UNC Charlotte. . If you have a Master of Science in Nursing (MSN), check "Graduate Certificate". All items must be uploaded into the Apply Yourself System. Do not mail anything to the Graduate School. You will need to complete several parts:

- \_\_\_\_\_ Application for either Graduate or Certificate study
- \_\_\_\_\_ \$65 non-refundable administrative application fee paid by credit card
- \_\_\_\_\_ Upload all previous transcripts of any course taken since high school.
- \_\_\_\_\_ Request GRE scores from ETS (<http://www.ets.org/>) – UNC Charlotte School code is 5105.
- \_\_\_\_\_ Email addresses for three individuals providing three references. - (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.

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/UNC Charlotte. If you need further assistance, please call the Nurse Anesthesia Program at (704) 355-2375 or UNC Charlotte School of Nursing at (704) 687- 7994.

Sincerely,

Karen E. Lucisano, CRNA, PhD  
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 \$60.00 administrative application fee made out to: Carolinas Medical Center Nurse Anesthesia Program/UNCC

Proposed term of entry August, 20 \_\_\_\_\_ Full 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.*