

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 / Week
				From MO/YR	To MO/YR	

I have had experience with the following (check all that apply)

- Swan Ganz catheter
- arterial catheter
- CVP catheter
- Pacemakers
- Cardiac assist devices
- ICP Monitor
- Hemodynamic Infusions
- other advanced hemodynamic monitors Please List

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

Carolinas Medical Center 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.

Nondiscrimination

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.

Attestation

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 UNCCCharlotte. 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 Signature

APPLICATION SUBMISSION

I have included the following items in the application packet:

Check for \$60.00 made payable to: Carolinas Medical Center Nurse Anesthesia Program/UNCC

Completed GPA calculator (template attached to the application)

Sent an electronic copy of the completed GPA calculator to yvonne.mobley@atirumhealth.org

Copy of RN nursing license

Copies of life support certification cards

Mail the completed application packet to:

Carolinas Medical Center Nurse Anesthesia Program

1200 Blythe Blvd.

Charlotte, NC 28203