



School of Anesthesia
 Latrobe Hospital
 One Mellon Way
 Latrobe, PA 15650
 724-537-2638

APPLICATION

Date: _____

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 #: _____ Social Security #: _____

EDUCATION:	
<u>Undergraduate Education:</u>	
School: _____	Dates Attended: _____ to _____ Month /Year Month /Year
Major: _____	Year Graduated: _____
School _____	Dates Attended: _____ to _____ Month /Year Month /Year
Major: _____	Year Graduated: _____
<u>Graduate Education:</u>	
School: _____	Dates Attended: _____ to _____ Month /Year Month /Year
Major: _____	Year Graduated: _____
School _____	Dates Attended: _____ to _____ Month /Year Month /Year
Major: _____	Year Graduated: _____
<u>Other:</u>	Dates Attended: _____ to _____ Year Graduated: _____ Month/Year Month/Year

RN Registration: _____
 (State) (RN #)

Have you ever attended a School of Anesthesia before? YES NO

If YES, name of program: _____

List (3) professional people you are using for letters of recommendation; one must come from your current nurse manager.

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 _____ Month/Year Month/Year
	Employed part-time from: _____ to _____ Month/Year Month/Year
Immediate Supervisor:	
Reason for leaving:	

Firm:	Address:
Title:	Department:
Nature of Work:	Employed full-time from: _____ to _____ Month/Year Month/Year
	Employed part-time from: _____ to _____ Month/Year Month/Year
Immediate Supervisor:	
Reason for leaving:	

Firm:	Address:
Title:	Department:
Nature of Work:	Employed full-time from: _____ to _____ Month/Year Month/Year
	Employed part-time from: _____ to _____ Month/Year Month/Year
Immediate Supervisor:	
Reason for leaving:	

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 _____ <small style="margin-left: 100px;">Month/Year</small> <small style="margin-left: 100px;">Month/Year</small>
	Employed part-time from: _____ to _____ <small style="margin-left: 100px;">Month/Year</small> <small style="margin-left: 100px;">Month/Year</small>
Immediate Supervisor:	
Reason for leaving:	

Computer Skills: Excellent Average Below Average

Have you ever been convicted of any misdemeanor, felony, or any criminal offense other than parking violations?
 Yes No

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 to the best of my knowledge and belief and hereby grant the school permission to verify such answers. I understand that any false statement on this application is sufficient cause for rejection of this 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