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**Deadline: September 15, 2008**

**MIDDLE TENNESSEE SCHOOL OF ANESTHESIA**

P.O. Box 417 • Madison, TN 37116  
Phone/Fax: (615) 732-7662 or (888) 353-6872 x.7662

**Application for the class of 2009 - 2012**

Check one:  New Application  Reapplication  Number of times applied

NAME: \_\_\_\_\_  
(Last) (First) (Middle) (Maiden - if applicable)

NAME THAT YOU GO BY (if other than first name): \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

PHONE: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ E-Mail: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

**EDUCATION** (List all schools you have attended since high school, to include any in which you are currently enrolled)  
(Name & Address) From To Major Degree

COLLEGE/SCHOOL OF NURSING	(Name & Address)	From	To	Major	Degree
OTHER SCHOOLS					
OTHER SCHOOLS					

If you attended more than 3 schools, please list on a separate page.

**REFERENCES** (Print MTSA reference forms from website and have completed by the following professionals. Contact info required.)

(1) **IMMEDIATE SUPERVISOR** (Required)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
EMAIL \_\_\_\_\_

(2) **CURRENT CO-WORKER**

NAME \_\_\_\_\_ TITLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ YEARS KNOWN \_\_\_\_\_  
EMAIL \_\_\_\_\_

(3) **NAME**  
**ADDRESS**

TITLE \_\_\_\_\_  
YEARS KNOWN \_\_\_\_\_

EMAIL \_\_\_\_\_

(4) **NAME**  
**ADDRESS**

TITLE \_\_\_\_\_  
YEARS KNOWN \_\_\_\_\_

EMAIL \_\_\_\_\_

(5) **NAME**  
**ADDRESS**

TITLE \_\_\_\_\_  
YEARS KNOWN \_\_\_\_\_

EMAIL \_\_\_\_\_

## COMPOSITE

Please accurately complete the following composite, as well as sending in materials requested in the catalog:

NAME: \_\_\_\_\_

(Applicants must be registered nurses. For most candidates, the nursing degree is the BSN. However, having earned the Associate Degree in Nursing, and having additionally obtained a minimum of a baccalaureate degree with a minimum of 15 hours of biophysical science is appropriate. The following is an attempt to determine the applicants cumulative GPA and Science GPA. Fill in only those that are appropriate to you.)

BSN GPA: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Baccalaureate GPA: \_\_\_\_\_ Date Obtained: \_\_\_\_\_  
(if other than BSN)

Masters GPA: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

AS or AD Nursing GPA: \_\_\_\_\_ Date Obtained: \_\_\_\_\_

Science GPA: \_\_\_\_\_ (Number of quality points earned in all science courses at all schools attended divided by number of hours of science courses.)

Other Degrees: \_\_\_\_\_ GPA \_\_\_\_\_ Date Obtained \_\_\_\_\_

Members of the Admissions Committee of Middle Tennessee School of Anesthesia feel strongly that candidates for admission to MTSA should have:

- Experience working with patients who are monitored with invasive hemodynamic monitors (Swan-Ganz), and demonstrate an understanding of the wave-forms in these monitors
- Been the nurse responsible for administration of vasoactive drugs to patients, and who demonstrate an understanding of why these drugs are administered and their effects on the body. This includes actions at the cellular level and side effects of the drugs.
- Experience with mechanically ventilated patients.
- ACLS certification and capable of answering questions regarding algorithms and drugs used for the various cardiac scenarios presented in that course.
- Experience with ventilated patients and ability to correctly answer questions related to intubation, extubation and high/low ventilator alarm causes.

To help the Committee compare experience of candidates more accurately, each candidate for admission is asked to accurately complete the following:

1. How long will you have worked in an acute care area of nursing where you take care of patients meeting the above three criteria by August?

q a. One year

q c. Three years

q b. Two years

q d. Other - \_\_\_\_\_ years

Shifts you work: \_\_\_ 8 hr \_\_\_ 12 hr \_\_\_ Other

How many shifts do you work per week? \_\_\_\_\_

2. How many beds are in the hospital where you have had the most experience? \_\_\_\_\_

3. How many beds are in the unit where you actually work? \_\_\_\_\_

4. How often do **you** care for patients who are monitored with Swan-Ganz monitors?

q a. Daily

q c. Once per week

q b. Three times per week

q d. Less often, approximately \_\_\_\_\_ per \_\_\_\_\_

5. How often do **you** take care of patients who are receiving intravenous vasoactive drug infusions, and are responsible for titration of these drugs?

- q a. Daily  
q b. Three times per week  
q c. Once per week  
q d. Less often, approximately \_\_\_\_\_ per \_\_\_\_\_

6. List the vasoactive infusions **you** commonly administer to patients in your unit.

- a. \_\_\_\_\_ d. \_\_\_\_\_  
b. \_\_\_\_\_ e. \_\_\_\_\_  
c. \_\_\_\_\_ f. \_\_\_\_\_

7. How often do **you** take care of patients who are mechanically ventilated, and are their primary care provider?

- q a. Daily  
q b. Three times per week  
q c. Once per week  
q d. Less often, approximately \_\_\_\_\_ per \_\_\_\_\_

Applicants to MTSA should be prepared to have a brief (10 minute) interview with the Admissions Committee (8-12 members). This Committee will have copies of your file and will feel they know quite a bit about you from your transcripts, your personal letter, references, and from your answers to the proceeding questions. In order to facilitate the interview, the Committee has asked that all applicants be prepared to answer clinical questions related to their work place.

**The candidate should be able to answer questions regarding the physiologic action of pharmacologic agents (intravenous vasoactive infusions) and other drugs they commonly administer to their patients both who are and who are not invasively monitored. It would be wise to know not only the organ where these drugs work, but the receptor sites as well, and any intracellular actions if known. The applicant should know any toxic or side effects of these drugs. Questions related to Swan-Ganz waveforms in the various positions, ventilators, ACLS algorithms, and oximeters are common.**

(The applicant is strongly encouraged to keep a copy of this information to assist in preparation for admission.)

**Registered Nurse Employment History BEGINNING WITH THE MOST RECENT:**

Employment dates from/to: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Unit: \_\_\_\_\_ Position held as an RN: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Primary responsibilities included: \_\_\_\_\_  
\_\_\_\_\_

Experiences included:

- supervisory responsibility  ventilators  invasive monitoring  titrating IV drips by standing orders

**Registered Nurse Employment History continued:**

Employment dates from/to: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Unit: \_\_\_\_\_ Position held as an RN: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Primary responsibilities included: \_\_\_\_\_

Experiences included:

supervisory responsibility  ventilators  invasive monitoring  titrating IV drips by standing orders

Employment dates from/to: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Unit: \_\_\_\_\_ Position held as an RN: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Primary responsibilities included: \_\_\_\_\_

Experiences included:

supervisory responsibility  ventilators  invasive monitoring  titrating IV drips by standing orders

Employment dates from/to: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Address: (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Unit: \_\_\_\_\_ Position held as an RN: \_\_\_\_\_

Immediate Supervisor: \_\_\_\_\_

Average Hours Worked per Week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Primary responsibilities included: \_\_\_\_\_

Experiences included:

supervisory responsibility  ventilators  invasive monitoring  titrating IV drips by standing orders

- Yes  No Have you ever been charged with or convicted of a criminal offense other than a minor traffic violation?
- Yes  No Have you ever abused drugs/alcohol or been treated for dependency to alcohol or illegal chemical substances?
- Yes  No Have you ever been charged, arrested or convicted for driving under the influence of drugs/alcohol?
- Yes  No Have you ever had any disciplinary action or is action pending against you by any state board of nursing?
- Yes  No Have you ever been placed on a state and/or federal abuse registry?
- Yes  No Have you ever been court-martialed, disciplined or administratively discharged from the military?
- Yes  No Have you ever been convicted of a felony?
- Yes  No Has your nursing license ever been suspended or revoked for any reason?
- Yes  No In any college/university you have attended, have you ever been suspended for any reason?
- Yes  No In any college/university you have attended, have you ever been expelled for any reason?

**If you answer "yes" to any of the above questions, please attach an explanation. If you have questions, please contact the Admissions Office at 615-732-7662.**

Have you ever attended another nurse anesthesia program? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, Program attended \_\_\_\_\_ Dates attended \_\_\_\_\_

**All applicants who have previously attended and did not complete another nurse anesthesia program must submit a letter of reference from their prior program director on program/university letterhead.**

Have you completed your CCRN? Yes \_\_\_ No \_\_\_ (Highly recommended for re-applicants) Date completed: \_\_\_\_\_

Are you currently enrolled or planning to enroll in any courses prior to interview? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, what course? \_\_\_\_\_ What Institution? \_\_\_\_\_

Are you currently enrolled in any graduate degree seeking program? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If Yes, what institution? \_\_\_\_\_ When will you graduate? \_\_\_\_\_ What degree? \_\_\_\_\_

If Yes, and if you are accepted to MTSA, do you plan to complete the other graduate degree program?

Yes \_\_\_\_\_ No \_\_\_\_\_

*(If No, MTSA may request a letter of acknowledgement from that program director in which you are currently enrolled.)*

Middle Tennessee School of Anesthesia admits students without regard to race, color, sex, age, disability, marital status, religion or ethnic origin, to all the rights, privileges, programs, and activities generally accorded or made available to students at the School. It does not discriminate on the basis of race, color, gender, age, disability, marital status, religion, national or ethnic origin, in administration of its educational policies, admission policies, grant and loan programs, or any other School-administered programs. The School will make reasonable accommodation wherever necessary for all applicants with disabilities, provided that the individual is otherwise qualified to safely perform the duties and assignments connected with the academic and clinical requirements of the curriculum.

I certify that all information given in this application is complete and accurate. If I am accepted as a student and enroll, I pledge to uphold the Christian values and Standard of Conduct which are essential to the mission of Middle Tennessee School of Anesthesia. I will conduct myself in a manner that will reflect positively upon me, my peers and the School. I consent to the use of my name and photograph in publications of Middle Tennessee School of Anesthesia.

Signature

Date

Optional information for reporting purposes only. This section is not required.

Religious Preference \_\_\_\_\_

Racial/Ethnic Origin: \_\_\_ Black/African American \_\_\_ American Indian/Native American \_\_\_ Asian

\_\_\_ Pacific Islander \_\_\_ White, Caucasian \_\_\_ Hispanic, Latino, Hispanic American \_\_\_ Other: \_\_\_\_\_

U.S. Citizen \_\_\_ Yes \_\_\_ No If not, country of citizenship \_\_\_\_\_