



FRANK J. TORNETTA SCHOOL OF ANESTHESIA
AT EINSTEIN MEDICAL CENTER MONTGOMERY
LASALLE UNIVERSITY SCHOOL OF NURSING

Karabots Professional Office Building
1330 Powell Street,
Suite 608 Norristown, PA 19401

APPLICATION FOR ADMISSION – BSN to DNP NURSE ANESTHESIA TRACK

You are urged to give careful consideration to each question on this form. Please fill out this admission application completely and return via standard USPS mail to the *Frank J. Tornetta School of Anesthesia/LaSalle University School of Nursing* at the above address. Please include a \$75.00 application check payable to the *Frank J. Tornetta School of Anesthesia*.

FIRST NAME: _____ INITIAL: _____ LAST NAME: _____ MAIDEN: _____

STREET ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ E-MAIL: _____

EDUCATIONAL HISTORY

Please list all colleges or universities you have attended since graduating high school, starting with the institution from which you most recently graduated. Please note that transcripts are required regardless of the number of credits taken and even if the credits transferred to another school. Please contact the registrar's office of all of the colleges and universities you have attended to request official copies of your transcript be delivered to *the Frank J Tornetta School of Anesthesia*. Your application will not be considered complete until all transcripts have been received.

Name of Institution	Dates Attended (from mm/yy to mm/yy)	Diploma/Degree Awarded

REGISTERED NURSING LICENSE(s)

STATE(s): _____ RN LICENSE # 1 _____ RN LICENSE # 2 _____

HAVE YOU EVER BEEN ENROLLED IN A NURSE ANESTHESIA EDUCATIONAL PROGRAM? NO YES
IF YES, PLEASE EXPLAIN:

How many years of post baccalaureate work experience will you have upon your expected enrollment date? _____

Current, or most recent, employer: _____

Are you a veteran, or are you currently serving in the United States Armed Forces? Yes No

I AM INTERESTED IN ADMISSION FOR THE CLASS ENTERING THE ANESTHESIA CLINICAL PRACTICUM IN FALL 20



All completed applications are reviewed by the Admissions Committee as they are received. Applicants meeting the admission requirements will be notified that they are eligible for an interview. It is the policy of the Admissions Committee to evaluate all applicants according to their didactic and clinical backgrounds. Applicants are considered without regard to age, race, color, marital status, national origin, sex or religious creed.

List the names and addresses of four professional references. Please ask each of them to complete a Frank J. Tornetta School of Anesthesia 'Professional Reference Form' and submit via standard USPS mail to the administrative office. Please note that reference/recommendation must be submitted from your nurse manager, a physician familiar with your critical care nursing skills and 1 additional healthcare professional (unit charge RN, medical unit director, physician, CRNA etc) familiar with your professional critical care nursing skills. Please do NOT submit a letter of reference form from a peer nursing colleague.

REFERENCE 1

NAME: _____

ADDRESS: _____

REFERENCE 2

NAME: _____

ADDRESS: _____

REFERENCE 3

NAME: _____

ADDRESS: _____

REFERENCE 4

NAME: _____

ADDRESS: _____

APPLICATION CHECKLIST

- Copy of current RN license
- 'Statement of Interest' detailing desire to pursue a career in nurse anesthesia practice
- Current CV detailing professional growth since high school
- Four 'Professional Reference Forms' (may be submitted directly to program administrative offices)
- Official college transcripts (must be submitted directly to program administrative offices)
- Completed 'Application for Admission' form
- A check/money order in the amount of \$75.00 (payable to the Frank J. Tornetta School of Anesthesia)



In order to expedite processing of your application please request official transcripts to be sent directly to:

Frank J. Tornetta School of Anesthesia
Karabots Professional Office Building
1330 Powell Street, Suite 608
Norristown, PA 19401

SIGNATURE

- I understand that all documents that I submit, or are submitted on my behalf, in support of this application for admission to the *Frank J. Tornetta School of Anesthesia/LaSalle University School of Nursing* become the property of the school, and will under no circumstances be released to me or any other party. I certify that the information on this application is complete and correct, and I understand that the submission of false information is grounds for denial of my application, withdrawal of any offer of acceptance, cancellation of enrollment or appropriate disciplinary action.
- I authorize the *Frank J. Tornetta School of Anesthesia/LaSalle University School of Nursing* to verify the information I have provided with all of the schools that I have attended.
- I agree to notify the proper officials of the institution of any changes in the information provided (such as Name/Address/Contact information).

Applicant's Signature _____ Date _____

