

THE UNIVERSITY of TENNESSEE **UT**
CHATTANOOGA
 SCHOOL of NURSING
 NURSE ANESTHESIA

The UTC/Erlanger Health Systems Nurse Anesthesia Concentration
Application Instructions, Checklist and
MSN APPLICATION
 (last updated 7/14/2011)

<input type="checkbox"/>	1.	<p>Step 1: Complete the UTC Graduate School Application</p> <ul style="list-style-type: none"> ○ Go to http://www.utc.edu/apply/ and click on "first time user account creation". ○ Log in with you new Login ID and PIN ○ Choose the furthest term listed for your semester of entry option <u>FALL -2011</u> (don't worry about it not being the correct term. We are still undergoing some changes with the Banner System, hence the Grad School reps will fix for you)
<input type="checkbox"/>	2.	<p>Step 2: Pay the \$30.00 non-refundable application fee. \$35.00 for international applicants online.</p> <ul style="list-style-type: none"> ○ After you complete the online application process, you must click "application complete" for the payment gateway to appear. ○ Please note that if you do not pay the fee at the time of application then you will have to pay in person directly to the Graduate School. Please make checks payable to UTC.
<input type="checkbox"/>	3.	<p>Step 3: Complete the UTC Nurse Anesthesia MSN Application</p> <ul style="list-style-type: none"> ○ Included in this file ○ You must choose either the Chattanooga, TN or Tupelo, MS clinical location. Not both ○ Please mail to : The University of Tennessee at Chattanooga Graduate School 103 Race Hall Dept. 5305 615 McCallie Avenue Chattanooga, TN 37403 <p>**Our graduate school liaison is Bonny Clark 423-425-4667. She should be your 1st mode of contact for inquires on whether your materials have been received.</p>
<input type="checkbox"/>	4.	<p>Step 4: Include your official GRE or MAT Scores</p> <ul style="list-style-type: none"> ○ Institution code for GRE = 1831 or MAT = 1759 ○ must be dated within 5 years of desired term ○ IMPORTANT: You must take the GRE or MAT before the August 1st deadline. We will not accept scores from individuals who take the exam after this date. It's advisable that you take the exam in enough time so that a.) Your scores will get to the graduate school in a timely manner and b.) You allow yourself a re-take if you are not satisfied with your initial score.
<input type="checkbox"/>	5.	<p>Step 5: Include (2) sealed copies of <u>ALL</u> your official transcripts.</p> <ul style="list-style-type: none"> ○ Transcripts may be sent either directly from your school(s) or you may include them in your package. Either way, they must be sealed. ○ UTC Transcripts: You do not have to request an official transcript from UTC as the graduate school will request those on your behalf. ○ You must include official transcripts from EVERY college, university, and professional school you have

		attended. (Note: Courses listed on one transcript as transfer credit from another institution are not considered official documentation of that coursework.)
<input type="checkbox"/>	6.	Step 6: Include a professional resume <ul style="list-style-type: none"> ○ Please include your most current contact information, personal email address, and all educational and professional experience.
<input type="checkbox"/>	7.	Step 7: Include a professional statement <ul style="list-style-type: none"> ○ Containing a discussion of prior professional experience, future career goals, reasons for pursuing graduate study and a career in nurse anesthesia. ○ Your statement should be no more than 2 pages.
<input type="checkbox"/>	8.	Step 8: Include (3) copies of recommendation forms (part of MSN application) <ul style="list-style-type: none"> ○ Must include a recommendation from a colleague, supervisor, and MD or Nursing instructor ○ Your evaluator is more than welcome to submit any supporting documentation on your behalf; however it will not take the place of the official forms required.
<input type="checkbox"/>	9.	Step 9: Include a copy of your RN license and Certifications (PALS, BLS, ACLS, CCRN) <ul style="list-style-type: none"> ○ You may include a print out of your CCRN result that's provided to you after taking the exam (so that we have some proof of passing). However, you will still need to submit an official certificate to the graduate school. ○ You do not have to have your PALS, BLS, and ACLS by the August 1st deadline. However, you must have them by the first day of classes if you are accepted into the program.
<input type="checkbox"/>	10.	Step 10: Include Completed Clinical Verification Form from Employer(s) <ul style="list-style-type: none"> ○ Included in this file ○ Every (Nursing) employer (can be Travel Nurse Company, HR, etc.) that you have had within the last 5 years must fill out a form. ○ Correction tape/white out is prohibited ○ It is best to include these forms with your entire package; however your employer may mail them directly to the Graduate School. The return address is provided on the form. You may also fax to 423-425-4668. Please include cover sheet addressed to UTC Nurse Anesthesia Program. ○ Forms do not have to be in sealed envelopes.
<input type="checkbox"/>	10.	Step 11: Wait! <ul style="list-style-type: none"> ○ It's understandable that this is the hardest part; nonetheless we ask that you please be patient while your application package is being processed. ○ Admission is competitive; hence incomplete information will prevent your application from being adequately judged in comparison to others. . ○ Please provide the best email and phone number to contact you at in case we need additional information. ○ Also, be prompt in responding to requests for further information! <p>IMPORTANT: All interview, admissions, etc. decisions are done through email followed up by an official letter.</p> <ul style="list-style-type: none"> ○ We will only send decisions to the email address listed on your MSN application ○ We can not tell you over the phone whether or not you were granted an interview or admitted into the program. ○ If you are granted and/or admitted into the program, we will continue to use your personal address for announcements until you are issued an UTC email address. <p>For critical care, financial aid, pre-requisites, etc. questions and requirements – Please refer to our FAQ page. There is a wealth of information listed!</p> <p>Good Luck! UTC/Erlanger Health Systems Nurse Anesthesia Program.</p>

Have you ever been on probation or suspended from any educational institution for academic or disciplinary reasons? Yes No (If yes, use separate sheet to explain fully.)

Have you ever been accepted and/or dismissed from any certificate granting program (i.e. nurse anesthesia, nurse practitioner, etc.)? Yes No (If yes, use separate sheet to explain fully.)

Please list your current and prior nursing experience below.

<i>From</i>	<i>To</i>	<i>Clinical Area</i>	<i>Position</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list certifications and professional organizations.

Please answer the following questions regarding underserved population.

1. What type of patients do you intend to serve after you graduate:
 - a. all private
 - b. medically underserved (needy)
 - c. mixture of both

2. Is your home community considered to be “medically underserved”?
 - a. yes
 - b. no
 - c. do not know

3. Are you planning to return to your home community after graduation?
 - a. yes
 - b. no
 - c. do not know

I understand that completion of this application does not constitute admission to the UTC Graduate School or the UTC School of Nursing M.S.N. program. I understand that admission to the Graduate School does not imply admission to the M.S.N. program. I understand that I cannot register for or attend nursing classes until official approval is received from the Graduate School and the School of Nursing. I certify that the information given in this application is true and complete. I am aware that falsifying information will result in my dismissal from UTC.

Signature _____

Date _____

MSN Recommendation Form

Applicant: The applicant should complete the following items and give the form to an individual well acquainted with his/her educational abilities and/or clinical abilities. Two of the three references must be from recent employer, faculty member or Dean.

Applicant Name: _____ Applicant Address: _____

I waive _____ or I do not wish to waive _____ the right provided by the Family Education Rights and Privacy Act of 1974 (Buckley Amendment) to view this reference form in my file at the UTC School of Nursing.

Signature of Applicant _____ Date _____

Person Completing Reference: The above-named individual is seeking admission to the graduate program in the UTC School of Nursing. The information given in this recommendation will be confidential ONLY if the above waiver has been signed by the student. You are to place the completed recommendation in a sealed envelope. Place your signature across the flap of the sealed envelope and return to the applicant.

I have known this individual for _____ years as his/her _____. Please rate the applicant on the following characteristics. Circle each rating as indicated.

	Superior	Above Average	Average	Fair	Poor	Not Known
Analytical Skills	5	4	3	2	1	0
Clinical Performance (overall)	5	4	3	2	1	0
Clinical Performance (accuracy)	5	4	3	2	1	0
Clinical Performance (efficiency)	5	4	3	2	1	0
Character/Ethics	5	4	3	2	1	0
Intellectual Ability	5	4	3	2	1	0
Accountability	5	4	3	2	1	0
Punctuality	5	4	3	2	1	0
Leadership	5	4	3	2	1	0
Honesty	5	4	3	2	1	0
Attention to Detail	5	4	3	2	1	0
Written Communication Skills	5	4	3	2	1	0
Oral Communication Skills	5	4	3	2	1	0
Emotional Stability	5	4	3	2	1	0
Interpersonal Skills	5	4	3	2	1	0
Aptitude for Graduate Study	5	4	3	2	1	0

Print Name _____ Signature _____

Institution _____ Title _____ Date _____

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Master of Science Nursing, Nurse Anesthesia Concentration

Clinical Experience Verification Form

(One form per employer/facility, to be completed by employer(s) over the past five years.)

Use of correction tape or white out is prohibited.

Name: _____

Address: _____

Place of Employment: _____

Address: _____

Phone Number: _____

Employed from (mm/yyyy): _____ to _____

Hours per week _____

Full-time Part-time

Type of unit: _____ # of Beds: _____
(Please specify) _____ # of Beds: _____
_____ # of Beds: _____

Signature of Employer: _____

Print Name: _____

Title: _____

Date: _____

***Use one copy per employer/facility**

Return to: UTC Graduate School
ATTN: Bonny Clark – Nurse Anesthesia Liaison
103 Race Hall
Chattanooga, TN 37403-2598