



GRADUATE PROGRAMS OF NURSE ANESTHESIA
1201 WESLEYAN STREET
FORT WORTH, TEXAS 76105-1536

(\$30.00 Application Fee) Fall 20__

Name: Last First MI Social Security Number

Address: Street City State County Zip Code

Telephone: Home () Cell () Work ()

E-mail address: Male Female Date of Birth / /

*This information is voluntary and will be used in a nondiscriminatory manner, for federal and/or state law reporting, consistent with applicable civil rights laws.

Religious Preference

Racial/Ethnic Origin:

1. Hispanic Non-Hispanic

2. Respondent selects one or more races:

Black/African American American Indian/Native American Asian Pacific Islander White, Caucasian

Other, please specify:

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

**List ALL Universities attended including Texas Wesleyan University: if your transcript(s) contains a name other than the one on this application, please inform us in order to prevent the transcript(s) from being misplaced.

Table with 3 columns: SCHOOL, DATES ATTENDED / DEGREES, OTHER NAMES. Multiple rows for listing universities.

SEMESTER DATE OF LAST CHEMISTRY COURSE COMPLETED: _____

In which state(s) are you currently registered as a professional nurse?

STATE

LICENSE NO.

EXPIRATION DATE

***EMPLOYMENT HISTORY:**

Present or most recent position title: _____ **Unit:** _____

Employer: _____

City/State: _____ Phone: () _____

Shift: _____ Employment Dates (Mo./Yr.) From: _____ To: _____

Name/Title of Immediate Supervisor: _____

Description of your position responsibilities: _____

Previous position title: _____ **Unit:** _____

Employer: _____

City/State: _____ Employment Dates (Mo./Yr.) From: _____ To: _____

Position Responsibilities: _____

Reason for leaving: _____

Previous position title: _____ **Unit:** _____

Employer: _____

City/State: _____ Employment Dates (Mo./Yr.) From: _____ To: _____

Position Responsibilities: _____

Reason for leaving: _____

WRITTEN STATEMENT (Print or type, single spaced)

A. Describe your interest in anesthesia:

B. Assess your current nursing strengths and describe what you would hope to gain from a master's program:

Primary Clinical Sites

These Clinical Sites interview at Texas Wesleyan University

- _____ Colton, California - Arrowhead Regional Medical Center ***
- _____ Wichita, Kansas - Wesley Medical Center **
- _____ Alexandria, Louisiana - Christus St. Frances Cabrini Hospital **
- _____ Shreveport, Louisiana - LSU Medical Center *
- _____ Shreveport, Louisiana - Willis Knighton Medical Center *
- _____ West Monroe, Louisiana – Glenwood RMC*
- _____ Abilene, Texas - Hendrick Medical Center
- _____ Bryan, Texas – St. Joseph’s Hospital *
- _____ Dallas, Texas – Baylor University Medical Center (pending COA approval)
- _____ Dallas, Texas - Dallas V.A. Hospital
- _____ Fort Worth, Texas – Baylor All Saints Health Systems
- _____ Fort Worth, Texas - Harris Methodist Hospital
- _____ Fort Worth, Texas - John Peter Smith Hospital
- _____ Fort Worth, Texas - Plaza Medical Center
- _____ Harlingen, Texas - Valley Baptist Medical Center
- _____ Longview, Texas – Longview RMC

For selection to one of the following sites, the applicant must interview at that site.

- _____ Mobile, Alabama – Mobile Infirmary (pending COA approval)*
- _____ Jonesboro, Arkansas – St. Bernard’s Regional Medical Center **
- _____ Little Rock, Arkansas – Baptist Health Medical Center **
- _____ Denver, Colorado - Denver Health Hospital **
- _____ Denver, Colorado - University of Colorado Hospital **
- _____ Tallahassee, FL - Tallahassee Memorial Hospital *
- _____ Topeka, KS - Stormont Vail HealthCare *
- _____ Edgewood, Kentucky - St. Elizabeth Medical Center *
- _____ Louisville, KY - Norton HealthCare System *
- _____ Cincinnati, Ohio - Bethesda North Hospital *
- _____ Cincinnati, Ohio - Good Samaritan Hospital *
- _____ Cincinnati, Ohio – Jewish Hospital*
- _____ Dayton, Ohio – Miami Valley Hospital*
- _____ Bismarck, North Dakota - St. Alexius Medical Center *

* Distant learning at clinical site available for entire program. You must be on campus for two weeks during the first Fall and Spring semesters.

** Distant learning at clinical site available Spring and Summer. You must be on campus for the first Fall semester.

*** Distant learning at clinical site available Spring and Summer with clinical coordinator approval. You must be on campus for the first Fall semester.

Please rank in order, the clinical sites that you are willing to go to for Phase II.

If my clinical choices are not available:

_____ I am willing to go anywhere for clinical.

_____ I wish to withdraw my name from the class and reapply next year.

Printed Name

Signature

Date