

Applicant Name

APPLICATION CHECKLIST

The following items must be submitted in your application packet via trackable mail. (Example: U.S.P.S. Express, Priority; UPS or FedEx). Please complete the following forms including the checklist below before mailing. This will ensure that all required items are included to complete your application packet. Applications should be submitted by **October 1st. Please mail early.**

- | | |
|---|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Completed MSHS online Application form. (ApplyYourself) (typed, signed and dated). Print and include in packet. <input type="checkbox"/> Completed Application Checklist and Supplemental Forms document. (typed, signed and dated), including: <ul style="list-style-type: none"> <input type="checkbox"/> Reference List and Instructions <input type="checkbox"/> Critical Care Experience Summary <input type="checkbox"/> Licensing Information <input type="checkbox"/> Release of Information <input type="checkbox"/> Program-specific goal statement. (typed in 12-point font, no more than one page - 600 words). <input type="checkbox"/> Non-refundable application fee of \$50. Pay with a credit card online. <input type="checkbox"/> Photocopy or scan of your valid and current RN licensure, which includes expiration date. <input type="checkbox"/> Resume. Include all academic history following high school and your complete work history. | <ul style="list-style-type: none"> <input type="checkbox"/> Photocopy or scan of your bachelor degree diploma certificate. <input type="checkbox"/> Unopened official transcripts from all post-secondary academic institutions you have attended. Request the official transcripts be sent to you in a sealed envelope. Do not open the envelope(s). Include these in your application packet.

Three unopened reference letters, including: <ul style="list-style-type: none"> <input type="checkbox"/> Current nurse manager reference <input type="checkbox"/> Physician reference (work-related) <input type="checkbox"/> Educational reference (University reference preferred, but work-related nurse educator accepted if unable to obtain university reference). <input type="checkbox"/> GRE Score. Request your Official Graduate Record Examination (GRE) scores be sent to us. The Mayo institutional code is 5784. Also include an unofficial copy with your application packet. <input type="checkbox"/> Any additional supporting information that you wish to include, such as copies of certification in nursing specialties (CCRN, ACLS, etc.), awards, honors or publications. |
|---|--|

Mail completed application packet to:

Mayo School of Health Sciences
Master of Nurse Anesthesia Program
Siebens Building 10-12
200 First Street SW
Rochester, MN 55905

Applicant Name

GRADE POINT AVERAGE SUMMARY

Please provide your grade point average using instructions below. **Include ALL undergraduate course grades.** If you attended multiple universities or colleges, please include grades from all institutions. To convert quarter to semester credits multiply quarter credits by 0.666.

GPA of all courses taken after H.S. Graduation

<p>How to determine your GPA: On the A – F system, take the total number of credit hours of As and multiply by 4; the number of credit hours of Bs by 3; Cs by 2; Ds by 1; and Fs by 0. Add these results to get the <u>total number of grade points</u>. Now add all of the <u>credit hours</u> of As, Bs, Cs, Ds, and Fs. <u>Divide the total number of grade points by the total number of credit hours.</u></p>	<p>Example:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px 2px 10px;">100 credit hours of As</td> <td style="padding: 2px 10px 2px 10px;">100 x 4 = 400</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">20 credit hours of Bs</td> <td style="padding: 2px 10px 2px 10px;">20 x 3 = 60</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">10 credit hours of Cs</td> <td style="padding: 2px 10px 2px 10px;">10 x 2 = 20</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">5 credit hours of Ds</td> <td style="padding: 2px 10px 2px 10px;">5 x 1 = 5</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;">3 credit hours of Fs.....</td> <td style="padding: 2px 10px 2px 10px;">3 x 0 = 0</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;"></td> <td style="padding: 2px 10px 2px 10px;">= 138 total credit hours = 485 grade points</td> </tr> <tr> <td style="padding: 2px 10px 2px 10px;"></td> <td style="padding: 2px 10px 2px 10px; text-align: right;">485 / 138 = 3.51 GPA</td> </tr> </table>	100 credit hours of As	100 x 4 = 400	20 credit hours of Bs	20 x 3 = 60	10 credit hours of Cs	10 x 2 = 20	5 credit hours of Ds	5 x 1 = 5	3 credit hours of Fs.....	3 x 0 = 0		= 138 total credit hours = 485 grade points		485 / 138 = 3.51 GPA
100 credit hours of As	100 x 4 = 400														
20 credit hours of Bs	20 x 3 = 60														
10 credit hours of Cs	10 x 2 = 20														
5 credit hours of Ds	5 x 1 = 5														
3 credit hours of Fs.....	3 x 0 = 0														
	= 138 total credit hours = 485 grade points														
	485 / 138 = 3.51 GPA														

REFERENCE INSTRUCTIONS & LIST

Instructions: Request a letter of recommendation from a current Nurse Manager, an educator and a physician (total of three letters). Each letter should include the writer’s opinion of your personal, academic and professional qualifications along with a statement about your potential success in the field of nurse anesthesia. Each letter should be written or typed on institutional letterhead; inserted into an envelope and sealed with the writer’s signature written across the sealed flap. Request that the letter be returned to you. All three references should be included in your application packet. **Do not use on-line references!** We must have hard copy narrative references. **Do not open these envelopes.**

Please list the individuals from whom you have requested a narrative reference:

Name of Current Work Manager Reference

<p>Name of Educational Reference <i>Note: University reference preferred, however, work Nurse Educator acceptable if unable to obtain university reference.</i></p>

<p>Name of Professional Reference <i>Note: Must be work-related M.D.</i></p>
--

CRITICAL CARE EXPERIENCE SUMMARY

List your RN critical care experience below (minimum of one year required):

Employer, Area, Type of Critical Care	Dates Employed <i>(Month DD, YYYY)</i>	Years/Months of intensive care experience in unit as of application deadline (Oct. 1st)

Total Years of Critical Care Experience:

Applicant Name

LICENSING INFORMATION

List all states in which you are or have been licensed as a Registered Nurse.

State	Status	If active, license number	Expiration date
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive		
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive		
	<input type="checkbox"/> Active <input type="checkbox"/> Inactive		

Have you ever had a nursing license suspended or revoked? Yes No

Have you ever been the subject of a Nursing Board disciplinary action? Yes No

Have you ever been refused a nursing license? Yes No

NOTE: Students who are accepted into the Mayo School of Health Sciences, Master of Nurse Anesthesia Program must obtain a Minnesota nursing license. As a part of the application, the State of Minnesota requires a chemical dependency history screening for both legal and illegal substances. Also, please submit a statement advising us of any legal actions in which you may have been involved.

LICENSE VERIFICATIONS

<p>Please go to the Web site of each Board of Nursing with which you are licensed and print the verification confirming your license and the status of your credentials.</p> <p>In addition to submitting these copies, please sign the Release of Information below.</p>	<p>Please send the verifications to:</p> <p>Mayo School of Health Sciences Master of Nurse Anesthesia Program Siebens Building 10-12 200 First Street SW Rochester, MN 55905</p>
---	--

RELEASE OF INFORMATION (please sign)

I authorize the Board of Nursing to verify my license and indicate the status of my credentials.		
Signature	Printed Name	Date (Month DD, YYYY)