CAMC Health Education and Research Institute

CAMC School of Nurse Anesthesia
3110 MacCorkle Ave., SE
Robert C. Byrd Building, Room 2041
Charleston, WV 25304
Phone 304-388-9950
Fax: 304-388-9955

Application Deadline

October 1 for 1st Admissions Committee
February 1 for 2nd Admissions Committee
For Classes starting in **May**

Application Fee

$50.00

CAMC
School of Nurse Anesthesia

APPLICATION

Charleston Area Medical Center Health Education and Research Institute and the CAMC School of Nurse Anesthesia exercises a nondiscriminatory practice relative to age, race, creed, sex, or national origin.

Charleston Area Medical Center Health Education and Research Institute
Charleston Area Medical Center School of Nurse Anesthesia
3110 MacCorkle Ave., SE
Robert C. Byrd Bldg., Room 2041
Charleston, West Virginia 25304
Phone: 304-388-9950
Fax: 304-388-9955

THE APPLICATION MUST BE COMPLETED IN ITS ENTIRETY TO BE PROCESSED

Please Print

❶ For the Record

Date: _____

Name: _____ Telephone: Home: _____
Last First Middle

Mobile: _____

Email: _____

Present Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Visa Classification if not a U. S. Citizen: _____ Social Security No.: _____

Have you ever been convicted of a felony? ❒ Yes ❒ No

❷ Education

Name in school(s), if different from above:

_____

List **ALL** colleges and universities attended. If you have attended more than 5 schools, please list them on a separate sheet.

Name of school	City and State	Date entered Month/year	Date left Month/year	Degree earned

Have you ever been enrolled in a nurse anesthesia educational program? ❒ Yes ❒ No

❸ Military Service Record

Have you ever served in the military service of the U. S.? ❒ Yes ❒ No

Branch: _____ Date of Duty: From: _____ To: _____

Rank at discharge: _____ Duties in the service: _____

❹ Employment History

LIST LAST THREE JOBS
BEGINNING WITH MOST RECENT

Complete addresses and phone numbers are required.

Employer Name: _____ Supervisor Name: _____

Address: _____ Telephone: _____

Your Position: _____ Job Duties: _____

❒ Part-time ❒ Full-time Dates: From: _____ To: _____

Employer Name: _____ Supervisor Name: _____

Address: _____ Telephone: _____

Your Position: _____ Job Duties: _____

❒ Part-time ❒ Full-time Dates: From: _____ To: _____

Employer Name: _____ Supervisor Name: _____

Address: _____ Telephone: _____

Your Position: _____ Job Duties: _____

❒ Part-time ❒ Full-time Dates: From: _____ To: _____

❺ Anything to Add?

Summarize any other information you believe pertinent to your application: _____

_____

_____

_____

_____

❻ Signature

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions. I understand and agree that any misrepresentation in my application will be sufficient cause for cancellation of the application and/or separation from the school. I authorize and release from liability or responsibility all persons, companies, schools and municipalities supplying any information regarding me whether or not it is a matter of record. I voluntarily give the CAMC School of Nurse Anesthesia permission to make a thorough investigation of my past employment and all other facts stated above. I further understand that the school may terminate me at any time without statement of reason and I may quit the school for any reason. No contrary implied agreement has been made to me. I further realize that acceptance to the CAMC School of Nurse Anesthesia cannot be finalized until reference information, licensure verification, and medical examination has been completed. The medical examination may involve screening for drugs or alcohol.

Signature of Applicant:_____ Date:_____

Thank you for applying to CAMC School of Nurse Anesthesia

❼ Reference Request and Release of Information

I voluntarily give Charleston Area Medical Center Health Education and Research Institute, Inc./CAMC School of Nurse Anesthesia permission to make a thorough investigation of my past employment.
I authorize and release from liability or responsibility all persons, companies, schools and municipalities supplying any information regarding me whether or not it is a matter of record.

Date: _____ Applicant's Signature: _____

References:

Please list the names and addresses of three (3) people whom we may contact regarding your qualifications to enter Nurse Anesthesia School. One reference **MUST** be your immediate supervisor. A person knowledgeable of your clinical skills will be acceptable as a reference if immediate supervisor reference is not available.

Remember!

INCLUDE THIS FORM WHEN YOU SUBMIT YOUR APPLICATION TO THE CAMC SCHOOL OF NURSE ANESTHESIA

Applicant's Full Name: _____

Reference 1	Reference 2	Reference 3
Name: _____	**Name:** _____	**Name:** _____
Title (if any):_____	**Title (if any):**_____	**Title (if any):**_____
Full Mailing Address*:	**Full Mailing Address*:**	**Full Mailing Address*:**
_____	_____	_____
_____	_____	_____

***If hospital, be sure to include department name**

CAMC School of Nurse Anesthesia will contact the above references to complete appropriate reference forms.

RETURN THIS FORM TO THE ADDRESS BELOW WITH YOUR:

☐ **1. Completed CAMC SCHOOL OF NURSE ANESTHESIA APPLICATION**

☐ **2. Application Fee of $50.00 (payable to CAMC School of Nurse Anesthesia)**

☐ **3. Copy of current nursing license(s)**

☐ **4. Resume**

☐ **5. Photocopy of GRE Scores**

☐ **6. Official College Transcripts (sent by each College and/or University)**

We must receive transcripts from every school attended, even if credit was transferred to another institution.

CAMC School of Nurse Anesthesia

Attn: Admission Committee
3110 MacCorkle Avenue, S. E.
Robert C. Byrd Building – Room 2041
Charleston, WV 25304