



TRUMAN MEDICAL CENTERS

Better. For Everyone.

# School of Nurse Anesthesia Enrollment Application

2301 Holmes Street, Kansas City, MO 64108

816-404-1100

**For School Use Only!** Do not complete this section...

Overall GPA

ICU Experience

Organic  
Chemistry

Science GPA

GRE Score

Have you  
previously  
applied to our  
program?

Yes  
No

If yes, what year?

Have you  
previously  
applied to any  
nurse  
anesthesia  
program?

Yes

No

If yes, what year?

If yes, name of  
program, city,  
and state:



## PERSONAL INFORMATION

Last Name

First Name

MI

Maiden Name

Street Address

City

State

Zip Code

Daytime Phone  
Number

Business  
Phone Number

Social Security  
Number

Email  
Address

Citizenship

Date Available to  
Begin Course

### PERSON TO NOTIFY IN CASE OF EMERGENCY

Name

Relationship

Address

Daytime Phone  
Number

Alternate  
Phone Number



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### EMPLOYMENT HISTORY AND EXPERIENCE

Current  
Employer

Address

Phone Number

Position

Supervisor

Unit

Date started

**List all employers since graduation from School of Nursing.  
Complete mailing address must accompany each entry.**

Name of  
Employer

Address

Unit & Position

Full Time

Part Time

Dates  
From-To

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Name of  
Employer

Address

Unit & Position

Full Time

Part Time:

Dates  
From-To

---

Name of  
Employer

Address

Unit & Position

Full Time

Part Time

Dates  
From-To

---

Name of  
Employer

Address

Unit & Position

Full Time

Part Time

Dates  
From-To



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**EDUCATION/LICENSING**

**Complete mailing address must accompany each entry**

High School

Address

Dates attended

through

Diploma/Degree

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School of  
Nursing

Address

Dates Attended

through

Diploma/Degree

---

Other College

Address

Dates Attended

through

Diploma/Degree

---

Other

Address

Dates Attended

through

Diploma/Degree

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Director of  
School of  
Nursing

School of  
Nursing

Nursing Registration (Provide copy of all RN cards and any on-line verification of expiration date.)

State/States

Number/  
Numbers

Expiration Dates

Professional  
Organization  
Membership

Community/  
Volunteer  
Service

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## MISCELLANEOUS

Special Experience-laboratory, certifications and dates, etc.  
Provide copies of each listed.

### REQUIRED

ACLS Expiration  
Date

BLS Expiration  
Date

PALS Expiration  
Date

Other-  
Certification

Expiration  
Date

Other-  
Certification

Expiration  
Date

Other-  
Certification

Expiration  
Date

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## References

Name:

Relationship  
to applicant  
(e.g.,  
supervisor,  
faculty, etc.)

Name: \_\_\_\_\_ Relationship to applicant (e.g., supervisor, faculty, etc.)

Name: \_\_\_\_\_ Relationship to applicant (e.g., supervisor, faculty, etc.)

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Have you ever been convicted of a felony or misdemeanor?	Yes NO	Has your nursing license ever been suspended or revoked in any state?	Yes No
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If yes, attach an explanatory note.

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All information submitted to the Admissions Committee remains the property of the Truman Medical Center School of Nurse Anesthesia.

Truman Medical Center School of Nurse Anesthesia does not discriminate on the basis of race, color, national origin, gender, religion, age, marital status, physical or mental handicap or disability, sexual orientation, or any legally protected factor.

I certify that the information on this application is true, complete and accurate to the best of my knowledge. I further understand that any information given falsely or intentionally withheld will make me ineligible for admission or continued enrollment in the School. I hereby authorize UMKC School of Graduate Studies to release to Truman Medical Center School of Nurse Anesthesia, grades and evaluations.

Applicant's  
Signature

Date

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