The University of Alabama
At Birmingham

Nurse Anesthesia Program

Instructions for filling out application packet on line:

Application (front)

Biographical Data
• Permanent and current addresses must be listed. Your permanent address will only be used if your current address is determined invalid.

Educational Data
• You must list all colleges/universities attended starting with the most recent. If you need additional room, please use separate sheet and note this on your application. Two (2) OFFICIAL copies of transcripts from each college/university you have attended must be received on or before the deadline of November 1st.
• Please only request that ONE (1) evaluation from a supervisor, colleague and nursing school dean or instructor be filled out. A total of three (3) forms should be received at the program office. List the names and institutions of the three people from whom you request evaluations.

Application (back)
• Please remember to complete the back half of the application. If you choose to provide your brief summary of academic interests on a separate sheet provided on line, please indicate this, and submit with application.
• Please remember to sign and date the application.

Applicant Information Sheet (front 1st pg.)
• Permanent and current addresses must be listed. Your permanent address will only be used if your current address is determined invalid.
• Remember to fill out the summary of ICU experience.

Applicant Information Sheet (back 1st pg.)
• Please remember to include your occupation profile starting with your current or most recent employer, and make sure to include the Unit you worked in.
• Please remember to sign your applicant information sheet.

Applicant Information Sheet (front 2nd pg.)
• Write a brief narrative “Why I chose the Nurse Anesthesia Program at UAB”.

Professional Colleague Evaluation
• Print or type your name and social security number on the form. Give the form to one (1) professional colleague and ask them to send it to the address listed at the bottom of the form. Forms will not be accepted directly from the applicant.

Immediate Supervisor Evaluation
• Print or type your name and social security number on the form. Give the form to one (1) immediate supervisor and ask them to send it to the address listed at the bottom of the form. Forms will not be accepted directly from the applicant.

Nursing School Dean/Instructor Evaluation
• Print or type your name and social security number on the form. Give the form to one (1) nursing school dean or instructor and ask them to send it to the address listed at the bottom of the form. Forms will not be accepted directly from the applicant.

If you have any questions about the above instructions please call (205) 975-0349.

Revised 01/29/04