The University of Alabama
At Birmingham

Nurse Anesthesia Program

Instructions for filling out application packet:

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 October 1st.

  Please only request that ONE (1) evaluation from a supervisor, and a colleague be filled out. A total of two (2) forms should be received at the program office. List the names and institutions of the two people from whom you request evaluations.

Application (back)
- Please remember to complete the back half of the application. If you choose to provide your narrative on a separate sheet, please indicate this, and submit with application.
- Please remember to sign and date the application.

Applicant Information Sheet (front)
- 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)
- 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.

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.

If you have any questions about the above instructions please call (205) 975-0349.
**APPLICATION FOR ADMISSION TO THE GRADUATE SCHOOL AS A DEGREE-SEEKING STUDENT**

INTERNATIONAL STUDENTS—DO NOT COMPLETE THIS APPLICATION/U.S. CITIZENS OR PERMANENT RESIDENTS $35.00 APPLICATION FEE

(please type)

All applicants must complete both sides of application.

### BIOGRAPHICAL DATA

<table>
<thead>
<tr>
<th>Social Security Number</th>
<th>Full Legal Name</th>
<th>Last (Family)</th>
<th>First</th>
<th>Middle</th>
<th>Application Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Permanent Address</th>
<th>Current Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City/State/Zip</th>
<th>City/State/Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Country</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Permanent Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other Phone</th>
<th>Work Phone</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Ethnic Background**

Federal Law requires the University to report the ethnicity of all U.S. citizens and resident aliens in the following five categories. Please check one.

- Black, Non-Hispanic
- Asian or Pacific Islander
- American Indian or Alaskan Native
- White, Non-Hispanic
- Hispanic

<table>
<thead>
<tr>
<th>Sex</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Will you have lived in Alabama for 12 months by the date you wish to enroll?

- Yes
- No

<table>
<thead>
<tr>
<th>Nation of Citizenship</th>
<th>Country of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you are not a United States Citizen, but have United States permanent residency, you must have Alien Registration Care Number.

How did you find out about UAB?

Previous name(s) under which transcript or other information may be found (i.e., maiden name)

### APPLICATION DATA

Term/Year you wish to enroll: (check one only, and list the year)

- Fall ___
- Winter ___
- Spring ___
- Summer ___

<table>
<thead>
<tr>
<th>Test Taken</th>
<th>Test Date</th>
<th>Score(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>GRE</td>
<td>(MM/YY)</td>
<td></td>
</tr>
<tr>
<td>MAT</td>
<td><em><strong>/</strong></em>_</td>
<td>_____________</td>
</tr>
</tbody>
</table>

What degree are you seeking? (i.e., MA, PhD, MBA, etc.)

To what program are you seeking admission?

Have you previously applied for admission to the University?

- Yes
- No (degree, non-degree or undergraduate)

If yes, did you register?

- Yes
- No

If yes, Semester?

Have you ever been suspended or dismissed from or encouraged to leave any college or university or advanced program?

- Yes
- No

(If yes, explain in detail on a separate sheet of paper.)

### EDUCATIONAL BACKGROUND

List ALL institutions beyond secondary school, including UAB, that you have attended or are attending in order, starting with the most recent. List all post-secondary degrees which have been or will be earned by the planned enrollment date. **Continue on a separate sheet of paper if necessary.** If you are enrolled at present, give the last expected date of enrollment. TWO (2) official transcripts are required from each institution. Failure to comply can disqualify your application.

<table>
<thead>
<tr>
<th>Name of Institution</th>
<th>Location</th>
<th>Attendance From (MM/YY)</th>
<th>To (MM/YY)</th>
<th>Degree/Major</th>
<th>Date of Degree</th>
<th>Grade Point Average</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Educational institutions continued on a separate sheet of paper?

- Yes
- No

Evaluations have been requested from:

(please only submit a total of two evaluations: one colleague, and one supervisor.)

of ___________________________ (Colleague/Institution)

of ___________________________ (Supervisor/Institution)

**PLEASE NOTE YOU MUST COMPLETE BOTH SIDES**
WRITE A BRIEF NARRATIVE TITLED “WHY I CHOSE THE NURSE ANESTHESIA PROGRAM AT UAB, ALSO INCLUDE A BRIEF SUMMARY OF YOUR ACADEMIC INTERESTS, CAREER GOALS, AND RELEVANT BACKGROUND EXPERIENCE IN THE AREA BELOW

I certify that the information provided on this application and any attached document is true and accurate to the best of my knowledge and understand that omissions may result in withdrawal of a decision to accept me. I further understand that I must request and provide official transcripts from all previous colleges or universities attended before I may be admitted to a graduate degree program.

Signature ____________________________ Date ________________

The University of Alabama does not discriminate on the basis of sex, race, religion, color, natural origin, Vietnam Era veterans’ status or handicapping condition in its admission, employment and educational programs or activities. Inquiries may be referred to Affirmative Action Office, University of Alabama at Birmingham, 701 20th Street South, AB Suite 1064 Birmingham, AL 35294-0110

In order to be reviewed, this application must be completed, signed, dated and accompanied by a non-refundable $35.00 application fee.

Application Deadline: October 1st

Please return this form to:
University of Alabama at Birmingham
Nurse Anesthesia Program
RMSB Suite 230 • 1530 3rd Avenue South
Birmingham, AL 35294-1212

If sending via Courier Delivery send to:
University of Alabama at Birmingham
Nurse Anesthesia Program
RMSB Suite 230 • 1705 University Boulevard
Birmingham, AL 35233-1815
All applicants must complete both sides of applicant information sheet.

<table>
<thead>
<tr>
<th>Enrollment Year</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Full Legal Name</th>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Maiden</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Address</th>
<th>Country</th>
<th>County (Alabama only)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone</th>
<th>Work Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**During your post secondary schooling, list any extracurricular activities, honors, and awards:**

If you are in school now, list the course titles and credits expected:

List any courses you plan to take before enrollment in the program:

List any other courses you have had which you think are a relevant addition to your background for an anesthesia education:

Briefly summarize your ICU experience (include unit and time spent):

List the professional associations of which you are a member:

Have you ever had a negative action against your nursing license (e.g. probation or suspension)? If so, please provide a detailed explanation.

Applicants interview at the site closest to their home address. Please indicate if you are interested in another clinical site [(i.e. Dothan, AL; Huntsville, AL; Jackson, MS; Mobile, AL.) (Montgomery and DCH applicants interview in Birmingham)].

---

PLEASE NOTE YOU MUST COMPLETE BOTH SIDES
## Occupational Profile

Please list any employment since graduation from high school, listing most recent first.

<table>
<thead>
<tr>
<th>Employed From</th>
<th>Name &amp; Address of Employer</th>
<th>Job Title &amp; Unit</th>
<th>Name &amp; Title of Immediate Supervisor</th>
<th>Reason for Leaving</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby certify that the above statements are correct and complete.

Signature ___________________________ Date ____________

Application Deadline: October 1st

Please return this form to:
University of Alabama at Birmingham
Nurse Anesthesia Program
RMSB Suite 230 • 1530 3rd Avenue South
Birmingham, AL  35294-1212

If sending via Courier Delivery send to:
University of Alabama at Birmingham
Nurse Anesthesia Program
RMSB Suite 230 • 1705 University Boulevard
Birmingham, AL  35233-1815

Revised 03.24.06
NURSE ANESTHETIST PROGRAM
The University of Alabama at Birmingham

Supervisor Evaluation

Instructions to applicant: Please fill out the first line (Print or type ONLY) then give to your supervisor.

Name of Applicant: ________________________________ Social Security Number: _______________________

REQUEST TO THE EVALUATOR: Please rate the applicant in comparison with other students and/or nurses with whom you have been acquainted. All evaluations are CONFIDENTIAL once they are received by the Nurse Anesthesia Program.

PERFORMANCE RATING SCALE (Place an “X” in the appropriate box):

<table>
<thead>
<tr>
<th></th>
<th>4 – Superior</th>
<th>3 – Very Good</th>
<th>2 – Good</th>
<th>1 – Fair/Poor</th>
<th>0 – No Occasion to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth of Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation and Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability &amp; Promptness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diligence and Perseverance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Clarity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to Work Under Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Intellectual Capability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long and in what capacity have you known the applicant? ____________________________________________
_______________________________________________________________________________________________

Please provide additional comments on the applicant and his/her capability for advance study in the specialty of nurse anesthesia. Attach additional sheets if necessary. _______________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Name/Title of Evaluator: ____________________________________________ Date: _______________________

Address: ________________________________________________________________________________________

Please return evaluations by October 1st.

Please return this form to: The University of Alabama at Birmingham
Nurse Anesthesia Program
RMSB Suite 230 • 1530 3rd Avenue South
Birmingham, AL 35209-1212
(Office) 205-934-3209  (Fax) 205-934-3212

If sending via Courier Delivery send to: The University of Alabama at Birmingham
Nurse Anesthesia Program
RMSB Suite 230 • 1705 University Boulevard
Birmingham, AL 35233-1815

EVALUATOR MUST RETURN FORM. NO FORMS WILL BE ACCEPTED FROM APPLICANTS.

Revised 03.24.06
NURSE ANESTHETIST PROGRAM
The University of Alabama at Birmingham

Professional Colleague Evaluation

**Instructions to applicant:** Please fill out the first line (Print or type ONLY) then give to your supervisor.

Name of Applicant: ________________________________ Social Security Number: ______________________

**REQUEST TO THE EVALUATOR:** Please rate the applicant in comparison with other students and/or nurses with whom you have been acquainted. All evaluations are CONFIDENTIAL once they are received by the Nurse Anesthesia Program.

**PERFORMANCE RATING SCALE (Place an “X” in the appropriate box):**

<table>
<thead>
<tr>
<th></th>
<th>4 – Superior</th>
<th>3 – Very Good</th>
<th>2 – Good</th>
<th>1 – Fair/Poor</th>
<th>0 – No Occasion to Observe</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth of Knowledge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivation and Initiative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dependability &amp; Promptness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diligence and Perseverance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Independence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emotional Stability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Verbal Clarity</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Skills</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ability to Work Under Stress</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Overall Intellectual Capability</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How long and in what capacity have you known the applicant? ____________________________________________
_______________________________________________________________________________________________

Please provide additional comments on the applicant and his/her capability for advance study in the specialty of nurse anesthesia. Attach additional sheets if necessary. _________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

Name/Title of Evaluator: ____________________________ Date: _____________________

Address: ________________________________________________________________________________________

Please return evaluations by October 1st.

**Please return this form to:**
The University of Alabama at Birmingham
Nurse Anesthesia Program
RMSB Suite 230 • 1530 3rd Avenue South
Birmingham, AL 35294-1212
(Office) 205-934-3209 (Fax) 205-934-3212

**If sending via Courier Delivery send to:**
The University of Alabama at Birmingham
Nurse Anesthesia Program
RMSB Suite 230 • 1705 University Boulevard
Birmingham, AL 35233-1815

**EVALUATOR MUST RETURN FORM. NO FORMS WILL BE ACCEPTED FROM APPLICANTS.**