



DEPARTMENT OF NURSE ANESTHETIST PRACTICE

APPLICATION PACKAGE FOR ADMISSION TO THE DNP NURSE ANESTHETIST PROGRAM

Deadline May 1st

**Florida International University
Nicole Wertheim College of Nursing and Health Sciences
Department of Nurse Anesthetist Practice
11200 Southwest 8th Street – AHC3-342
Miami, Florida 33199
Office: 305-348-7747
Fax: 305-348-7823
WEB: cnhs.fiu.edu/anesthesiology**

DNP Nurse Anesthetist Program Application Package for Admission

APPLICATION INSTRUCTIONS

WE WELCOME YOUR APPLICATION FOR THE DOCTOR OF NURSING PRACTICE NURSE ANESTHETIST PROGRAM AT FLORIDA INTERNATIONAL UNIVERSITY. WHILE WE WOULD LIKE TO BE ABLE TO ADMIT ALL OF THE QUALIFIED APPLICANTS WHO APPLY, THIS IS A LIMITED AND COMPETITIVE ADMISSIONS PROGRAM. EACH YEAR THE NUMBER OF APPLICANTS EXCEEDS THE NUMBER OF POSITIONS AVAILABLE. THEREFORE, ONLY COMPLETED APPLICATIONS RECEIVED BEFORE THE APPLICATION DEADLINE WILL BE REVIEWED BY THE ADMISSIONS COMMITTEE. YOUR ADMISSIONS APPLICATION SHOULD BE COMPLETED AND RECEIVED ALONG WITH ALL REQUIRED DOCUMENTATION (TRANSCRIPTS, GRE SCORES, UNIVERSITY APPLICATION, SCHOOL OF NURSING APPLICATION, SUPPLEMENTAL DNAP MATERIALS, ETC) BY THE DEADLINE. FOLLOWING YOUR APPLICATION REVIEW, APPLICANTS ARE RANKED BY THE COMMITTEE AND THOSE WITH THE GREATEST PROMISE FOR ADMISSION AND PROGRAM COMPLETION ARE INVITED FOR AN ORIENTATION AND INTERVIEW SESSION WITH COMMITTEE MEMBERS. TO ASSURE THAT YOUR APPLICATION RECEIVES FULL REVIEW AND CONSIDERATION, PLEASE FOLLOW THE SPECIFIC INSTRUCTIONS FOR ADMISSIONS PROCEDURES THAT ACCOMPANY THIS APPLICATION PACKAGE. THESE INSTRUCTIONS **MUST** BE FOLLOWED CAREFULLY IN ORDER TO HAVE THE APPLICATION PROCESSED CORRECTLY AND EXPEDITIOUSLY.

PLEASE NOTE THAT YOU MUST COMPLETE *BOTH* AN ONLINE GRADUATE ADMISSION APPLICATION AND THE DNP NURSE ANESTHETIST PROGRAM APPLICATION PACKAGE.

STEP ONE: ONLINE GRADUATE ADMISSION APPLICATION

The **FIRST** step you must complete in the application process is the Online Graduate Admission Application. This step initiates the creation of your Graduate Admissions file with the University and all supporting materials (transcripts, GRE scores, etc.) received after this point will be directed to your file. FIU's Online Application process uses the Florida Academic Counseling and Tracking for Students (FACTS) system. FACTS is Florida's one-stop statewide student advising system designed to provide maximum access to student services, before, during and after enrollment and graduation. Once you complete the Online Graduate Application, be sure to print and save the confirmation information on the last screen of the process.

To access the FIU Online Graduate Admission Application, go to the following web address:

<http://gradschool.fiu.edu/admissions.shtml>

Please select the application underlined in red.

Doctoral Application:

- All doctoral degrees except for those listed below - Application
- DPT Physical Therapy - **Application**
- DNP Nursing Practice - **Application**
- Public Health - **Application**

For FIU students previously admitted to the Graduate School who have not enrolled at the University for one full academic year or more, you must complete a different application to apply for readmission. This applies to FIU MSN-ARNP graduates who may be returning to the University. **DO NOT** complete the Online Graduate Admission Application; instead download the Graduate Admission Office Readmission Application. Complete the requested information and return it to the Graduate Admissions Office at the address indicated on the form. The Readmission Application form is available at: <http://gradschool.fiu.edu/student-forms.shtml>

STEP Two: DNP NURSE ANESTHETIST PROGRAM APPLICATION

THE **SECOND** STEP YOU SHOULD COMPLETE IN THE APPLICATION PROCESS IS THE **DNP NURSE ANESTHETIST PROGRAM APPLICATION**. THIS STEP THEN INITIATES THE CREATION OF YOUR **DNP ANESTHESIOLOGY ADMISSIONS FILE** WITH THE **PROGRAM OFFICE** AND ALL SUPPORTING MATERIALS (TRANSCRIPTS, RECOMMENDATION FORMS, ESSAY, ETC.) RECEIVED AFTER THIS POINT WILL BE DIRECTED TO YOUR FILE.

APPLICANT BIOGRAPHICAL DATA

COMPLETE THE INFORMATION REQUESTED. IF YOUR MAILING ADDRESS OR CONTACT INFORMATION CHANGES DURING THE APPLICATION PROCESS, PLEASE NOTIFY THE **OFFICE OF GRADUATE ADMISSIONS** AND THE **DNP NURSE ANESTHETIST PROGRAM OFFICE**. CONTACT INFORMATION FOR EACH OFFICE IS LISTED AT THE END OF THESE INSTRUCTIONS.

OPTIONAL FEDERAL REPORTING DATA

COMPLETION OF THIS INFORMATION IS VOLUNTARY AND IS NOT USED IN MAKING ADMISSIONS DECISIONS. FLORIDA INTERNATIONAL UNIVERSITY BELIEVES IN EQUAL OPPORTUNITY PRACTICES WHICH CONFORM TO ALL LAWS AGAINST DISCRIMINATION AND IS COMMITTED TO NONDISCRIMINATION WITH RESPECT TO RACE, COLOR, CREED, AGE, HANDICAP, GENDER, MARITAL STATUS, SEXUAL ORIENTATION, ETHNICITY OR NATIONAL ORIGIN, OR STATUS AS A VETERAN. THE UNIVERSITY IS COMMITTED TO THE PRINCIPLE OF TAKING THE POSITIVE STEPS NECESSARY TO ACHIEVE THE EQUALIZATION OF EDUCATIONAL AND EMPLOYMENT OPPORTUNITIES.

EDUCATIONAL HISTORY

COMPLETE THE INFORMATION REQUESTED. STARTING WITH THE MOST RECENT, LIST ALL REGIONALLY ACCREDITED COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED.

IN THE SECOND SECTION, STARTING WITH THE MOST RECENT, LIST ALL CHEMISTRY, STATISTICS, PATHOPHYSIOLOGY, ADVANCED PHYSIOLOGY AND ADVANCED SCIENCE COURSES YOU HAVE COMPLETED. WE ARE PRINCIPALLY INTERESTED IN ADVANCED MATH AND SCIENCE COURSE WORK YOU MAY HAVE COMPLETED, MORE THAN THE TRADITIONAL INTRODUCTORY FRESHMEN/SOPHMORE COURSES.

GRADUATE RECORD EXAMINATION

OFFICIAL RESULTS MUST BE SENT DIRECTLY TO FIU GRADUATE ADMISSIONS OFFICE. PLEASE PROVIDE YOUR UNOFFICIAL SCORE REPORT IN THE SECTION PROVIDED IN THE **DNP NURSE ANESTHETIST APPLICATION FORM**. **FLORIDA INTERNATIONAL UNIVERSITY INSTITUTIONAL CODE IS 5206**. FOR ADDITIONAL INFORMATION REGARDING THE GRADUATE RECORD EXAM, CONTACT: 1-609-771-7670 OR VIA THE WEB AT WWW.GRE.ORG.

PREVIOUS NURSE ANESTHETIST PROGRAM ENROLLMENT

APPLICANTS FOR ADMISSION FROM ANOTHER NURSE ANESTHETIST PROGRAM ARE CONSIDERED ON A CASE BY CASE BASIS. APPLICANTS WHO WERE DISMISSED FROM ANOTHER PROGRAM DUE TO ACADEMIC MISCONDUCT, CLINICAL NEGLIGENCE, OR SUBSTANCE ABUSE WILL NOT BE CONSIDERED FOR ADMISSION. **A LETTER OF GOOD STANDING MUST BE SENT FROM FORMER DIRECTOR DIRECTLY TO THE FIU DNP NURSE ANESTHETIST PROGRAM DIRECTOR.** APPLICANTS WHO LEFT IN GOOD STANDING AND WHO ARE SEEKING TRANSFER SHOULD BE ADVISED THAT THE UNIVERSITY WILL ACCEPT NO MORE THAN 6 CREDITS OF EQUIVALENT TRANSFER COURSE WORK.

PROFESSIONAL CERTIFICATIONS

ACLS/CPR/PALS IS NOT REQUIRED TO APPLY BUT MUST BE COMPLETED BEFORE ENROLLMENT. IT IS NOT NECESSARY TO SUBMIT COPIES OF THESE CERTIFICATIONS WITH YOUR APPLICATION. HOWEVER, COPIES OF CURRENT CERTIFICATION WILL BE REQUIRED PRIOR TO ENROLLMENT.

PROFESSIONAL NURSING HISTORY

COMPLETE THE INFORMATION REQUESTED. STARTING WITH THE MOST RECENT, LIST PROFESSIONAL WORK EXPERIENCE AS A REGISTERED NURSE. WE ARE PRINCIPALLY INTERESTED IN YOUR PROFESSIONAL EXPERIENCE IN A CRITICAL CARE SETTING.

IN THE SECOND SECTION, PLEASE RATE YOUR FREQUENCY AND PROFICIENCY IN THE CRITICAL CARE NURSING SKILL FUNCTIONS LISTED. FOR SKILLS THAT YOU MAY PERFORM WHICH ARE NOT LISTED, PLEASE INCLUDE THOSE SKILLS IN THE BOXES FOR "OTHER" AND PLEASE SPECIFY THE SKILL OR FUNCTION. WE DO NOT EXPECT THAT EVERY APPLICANT IS PROFICIENT AT EVERY SKILL OR FUNCTION LISTED. CRITICAL CARE SKILLS AND UNITS MAY VARY, THIS INFORMATION HELPS GIVE US AN OVERVIEW PICTURE OF EACH APPLICANTS BACKGROUND.

PROFESSIONAL NURSING LICENSURE

LIST THE STATE OF YOUR ORIGINAL RN LICENSURE, FOLLOWED BY ALL OTHER LICENSES OBTAINED BY ENDORSEMENT. ALL APPLICANTS MUST SUBMIT A CURRENT COPY OF YOUR PROFESSIONAL NURSING LICENSE. OUT-OF-STATE APPLICANTS **DO NOT NEED** A FLORIDA LICENSE TO APPLY FOR ADMISSION. HOWEVER, ALL STUDENTS **MUST** HOLD A CURRENT, VALID, UNRESTRICTED FLORIDA NURSING LICENSE DURING ENROLLMENT.

PERSONAL ESSAY STATEMENT

USING THE SHEET PROVIDED, OR A SEPARATE PAGE, PLEASE **TYPE** YOUR RESPONSE IN 500 WORDS OR LESS, SINGLE SPACED, TO THE FOLLOWING:

PLEASE DESCRIBE THE PRIMARY PERSONAL AND/OR PROFESSIONAL EXPERIENCE THAT WAS MOST RESPONSIBLE FOR YOUR DECISION TO PURSUE A CAREER AS A CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA). HOW HAVE YOU PREPARED YOURSELF PERSONALLY AND PROFESSIONALLY FOR GRADUATE STUDY AS A NURSE ANESTHETIST RESIDENT AT FIU? FIVE YEARS OUT FROM GRADUATION, WHERE DO YOU SEE YOURSELF AND HOW WILL OTHERS SEE YOU?

DISCLOSURES, ADVISORY INFORMATION, AND APPLICATION CERTIFICATION

Carefully read the information in the disclosures, advisory and certification statements. In the Disclosures section you must provide either a NO or YES response to each item. If you answer Yes to any disclosure item, please provide a separate statement of explanation in a sealed

envelop marked “Confidential – Attn: DNP Nurse Anesthetist Program Director”. Enclose the sealed envelop with your DNP Nurse Anesthetist Admissions Application Package.

When you have completed the application, please sign and date the form.

STEP THREE: APPLICANT RECOMMENDATION FORMS

ADMISSION TO THE PROGRAM REQUIRES THREE APPLICANT RECOMMENDATION FORMS FROM PERSONS IN AN EDUCATIONAL, ADMINISTRATIVE, OR COLLEGIAL CAPACITY WHO HAS WORKED CLOSELY WITH YOU WITHIN THE PAST FIVE YEARS. AT LEAST ONE RECOMMENDATION MUST BE FROM AN EMPLOYER OR IMMEDIATE SUPERVISOR. A PROFESSOR IS STRONGLY RECOMMENDED AS A SECOND PERSON IF YOUR PREVIOUS EDUCATION WAS FAIRLY RECENT. IT IS IMPORTANT THAT EACH OF THE INDIVIDUALS COMPLETING YOUR REFERENCE HAS FIRST-HAND KNOWLEDGE ABOUT YOU.

THREE APPLICANT RECOMMENDATION FORMS ARE INCLUDED IN THE APPLICATION PACKAGE. COMPLETE THE TOP PORTION OF THE FORMS AND GIVE THEM TO YOUR SELECTED REFERENCES. INFORM THE PERSON WHO IS COMPLETING THE RECOMMENDATION THAT THE COMPLETED FORM SHOULD BE RETURNED DIRECTLY TO THE PROGRAM OFFICE. **AS AN ALTERNATIVE, THEY MAY ALSO PLACE THE RECOMMENDATION FORM IN A SEALED ENVELOPE, SIGNED ACROSS THE SEAL, AND RETURNED WITH YOUR APPLICATION FORM AND SUPPORTING DOCUMENTATION.**

IF AN INDIVIDUAL WISHES TO SUBMIT A LETTER OF REFERENCE ON YOUR BEHALF, THEY MAY DO SO AS AN ADDITION TO THE RECOMMENDATION FORM, NOT IN PLACE OF IT. IT IS NOT NECESSARY TO SUBMIT MORE THAN THREE RECOMMENDATIONS. PLEASE SELECT THE THREE INDIVIDUALS IN THE BEST POSITION TO EVALUATE YOUR KNOWLEDGE, SKILLS AND ABILITIES, AND WHO CAN PROVIDE THE BEST ROUNDED RECOMMENDATION ON YOUR BEHALF.

STEP FOUR: TRANSCRIPT REQUEST

FOR EACH OF THE COLLEGES OR UNIVERSITIES LISTED IN YOUR APPLICATION **YOU MUST PROVIDE AN OFFICIAL TRANSCRIPT FOR THE UNIVERSITY OFFICE OF GRADUATE ADMISSIONS AND THE DNP NURSE ANESTHETIST PROGRAM.** USE THE FORM PROVIDED TO SUBMIT A WRITTEN REQUEST FOR TRANSCRIPTS. PLEASE PHOTOCOPY, OR PRINT ADDITIONAL COPIES OF THE TRANSCRIPT REQUEST FORM AS NECESSARY. PLEASE NOTE THAT MOST SCHOOLS CHARGE A FEE FOR TRANSCRIPTS. FAILURE TO SUBMIT THE REQUIRED FEE AT THE TIME OF YOUR REQUEST MAY DELAY THE MAILING OF YOUR TRANSCRIPTS. **IF YOU GRADUATED FROM FIU, YOU DO NOT NEED TO REQUEST OFFICIAL TRANSCRIPTS.**

STEP FIVE: CURRICULUM VITA

PLEASE SUBMIT A CURRENT CURRICULUM VITA THAT DETAILS YOUR ACADEMIC AND PROFESSIONAL ACCOMPLISHMENTS.

STEP SIX: ADMISSIONS CHECKLIST

PLEASE UTILIZE THE ADMISSIONS CHECKLIST ON THE FOLLOWING PAGE AS A GUIDE TO COMPLETING THE ADMISSION PROCESS. THE CHECKLIST SHOULD BE RETURNED WITH YOUR ADMISSIONS APPLICATION THAT INDICATES YOU HAVE COMPLETED ALL THE NECESSARY STEPS IN THE ADMISSIONS PROCESS.

FOR QUESTIONS OR FOLLOW-UP INFORMATION, PLEASE CONTACT OUR OFFICE AT 305-348-7747

DNP NURSE ANESTHETIST PROGRAM – NICOLE WERTHEIM COLLEGE OF NURSING & HEALTH SCIENCES
11200 SW 8TH ST, AHC3-342 | MIAMI, FL 33199 | 305.348.7747

DNP Nurse Anesthetist Program Admissions Application Checklists

NAME: _____ DATE: _____

RETURN THIS CHECKLIST WITH YOUR APPLICATION

GRADUATE ADMISSIONS APPLICATION CHECKLIST

COMPLETE THE FIU ONLINE GRADUATE ADMISSIONS APPLICATION

**SUBMIT ALL OFFICIAL DEGREE TRANSCRIPTS TO THE UNIVERSITY GRADUATE SCHOOL
(EXCEPT FOR DEGREES EARNED AT FIU)**

**COMPLETE THE GRE EXAM AND HAVE OFFICIAL SCORES SUBMITTED TO THE
UNIVERSITY GRADUATE SCHOOL**

DNP NURSE ANESTHETIST APPLICATION CHECKLIST

COMPLETE THE DNP NURSE ANESTHETIST PROGRAM APPLICATION

COMPLETE THE PERSONAL ESSAY STATEMENT (TYPED)

SUBMIT A CURRENT COPY OF YOUR PROFESSIONAL NURSING LICENSE

PREPARE AND SUBMIT A CURRENT CURRICULUM VITA

READ DISCLOSURES, ADVISORIES AND CERTIFICATION STATEMENTS

SIGN AND DATE YOUR APPLICATION FORM

SUBMIT AN OFFICIAL TRANSCRIPT FROM EACH PRIOR SCHOOL ATTENDED

SUBMIT 3 APPLICANT RECOMMENDATION FORMS (RECOMMENDATION LETTERS ARE OPTIONAL)

PRIOR ANESTHESIOLOGY STUDENTS, SECURE A LETTER FROM YOUR PROGRAM

REVIEW CPR/ACLS/PALS CERTIFICATIONS, MUST BE CURRENT AT ENROLLMENT

COPY ALL APPLICATION MATERIALS FOR YOUR REFERENCE AND RECORDS

MAIL YOUR COMPLETED APPLICATION TO THE DNP NURSE ANESTHETIST PROGRAM

Florida International University
One Stop
11200 S.W. 8th Street, SASC 116
Miami, FL 33199

phone: 305-348-7442

Florida International University
Nicole Wertheim College of Nursing and Health Sciences
Department of Nurse Anesthetist Practice
11200 S.W. 8th Street, AHC3- Room 342
Miami, FL 33199

phone: 305-348-7747

NAME: _____

GRADUATE RECORD EXAMINATION NOTE: OFFICIAL RESULTS MUST BE SENT DIRECTLY TO FIU GRADUATE ADMISSIONS OFFICE

DATE TAKEN	VERBAL SCORE	QUANTITATIVE SCORE	VERBAL + QUANTITATIVE	ANALYTICAL SCORE

PREVIOUS NURSE ANESTHETIST PROGRAM ENROLLMENT A LETTER OF GOOD STANDING MUST BE SENT FROM FORMER DIRECTOR

HAVE YOU PREVIOUSLY BEEN ACCEPTED TO, OR ENROLLED IN ANOTHER NURSE ANESTHETIST PROGRAM: NO YES
IF YES, PROCEED:

NAME OF PROGRAM: _____ LOCATION: _____ DATE OF ENROLLMENT: _____

AANA MEMBERSHIP #: _____ SEMESTER IN PROGRAM AT TIME OF SEPARATION: _____ GPA: _____

CERTIFICATIONS NOTE: ACLS/CPR/PALS IS NOT REQUIRED TO APPLY BUT MUST BE COMPLETED BEFORE ENROLLMENT

- CPR, EXPIRES _____ ACLS, EXPIRES _____ PALS, EXPIRES _____
 CCRN, EXPIRES _____ Other: _____

PROFESSIONAL NURSING HISTORY

STARTING WITH THE MOST RECENT, DESCRIBE YOUR CRITICAL CARE NURSING EXPERIENCE AS A PROFESSIONAL RN

NAME OF INSTITUTION	LOCATION CITY, STATE	DATES EMPLOYED START - END (MM/YYYY)	UNIT OR DEPARTMENT	UNIT / INSTITUTION DESCRIPTORS						
				UNIT BEDS	HOSP BEDS	RN: PTS	TEACHING HOSPITAL	COMMUNITY HOSPITAL	FULL- TIME	PART- TIME

PLEASE RATE YOUR FREQUENCY AND PROFICIENCY IN THE FOLLOWING CRITICAL CARE NURSING SKILL FUNCTIONS

FREQUENCY - 0 = NEVER - <10% 1 = 10-25% 2 = 25-50% 3 = 50-75% 4 = 75-100% - OF MY PATIENTS					
PROFICIENCY - 0 = NO EXPERIENCE 1 = NEED GUIDANCE 2 = PROFICIENT 3 = ADVANCED 4 = PRECEPTOR - IN PERFORMING THIS SKILL FUNCTION					
SKILLS & FUNCTIONS	FREQUENCY	PROFICIENCY	SKILLS & FUNCTIONS	FREQUENCY	PROFICIENCY
ASSESSMENT & INTERVENTIONS FOR CRITICAL PATIENTS	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	ADMINISTRATION OF CONSCIOUS SEDATION	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
VENTILATOR MANAGEMENT ADJUST VENT SETTINGS	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	ACLS SKILLS ARREST/CODE MANAGEMENT	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
ARTERIAL BLOOD GAS EVALUATION & INTERVENTION	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	EKG - ARRHYTHMIA EVALUATION & INTERVENTION	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
MONITORING & INTERVENTIONS	FREQUENCY	PROFICIENCY	MANAGE/TITRATE INFUSIONS	FREQUENCY	PROFICIENCY
ARTERIAL PRESSURE	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	VASOPRESSORS	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
CENTRAL VENOUS PRESSURE	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	ANTIARRHYTHMICS	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
PA CATHETER- CO/SVR/MVO ₂	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	CARDIOTROPICS	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
INTRACRANIAL PRESSURE	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	NARCOTIC / SEDATION INFUSION	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
NEUROMUSCULAR MONITORING	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	NEUROMUSCULAR BLOCKERS	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
OTHER:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	OTHER:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
OTHER:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	OTHER:	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4

PROFESSIONAL NURSING LICENSURE LIST STATE OF ORIGINAL RN LICENSURE, FOLLOWED BY ALL OTHER LICENSES OBTAINED BY ENDORSEMENT

STATE (CURRENT RN LICENSE)	ACTIVE OR INACTIVE	LICENSE NUMBER	STATE	ACTIVE OR INACTIVE	LICENSE NUMBER
1			3		
2			4		

NAME: _____

PERSONAL ESSAY STATEMENT ON THIS SHEET, OR A SEPARATE PAGE, PLEASE TYPE YOUR RESPONSE IN 500 WORDS OR LESS, SINGLE SPACED

PLEASE DESCRIBE THE PRIMARY PERSONAL AND/OR PROFESSIONAL EXPERIENCE THAT WAS MOST RESPONSIBLE FOR YOUR DECISION TO PURSUE A CAREER AS A CERTIFIED REGISTERED NURSE ANESTHETIST (CRNA). HOW HAVE YOU PREPARED YOURSELF PERSONALLY AND PROFESSIONALLY FOR GRADUATE STUDY AS A NURSE ANESTHETIST RESIDENT AT FIU? FIVE YEARS OUT FROM GRADUATION, WHERE DO YOU SEE YOURSELF AND HOW WILL OTHERS SEE YOU?

NAME: _____

DISCLOSURES, ADVISORY INFORMATION, AND APPLICATION CERTIFICATION

PROFESSIONAL LICENSURE AS A REGISTERED NURSE (RN)

HAS YOUR NURSING LICENSE EVER BEEN VOLUNTARILY OR INVOLUNTARILY: SURRENDERED, SUSPENDED, LIMITED, RESTRICTED, DENIED OR REVOKED; OR HAVE YOU BEEN THE SUBJECT OF DISCIPLINARY ACTION OR FINED BY ANY STATE BOARD OF NURSING OR PROFESSIONAL PRACTICE REGULATORY AGENCY FOR WHICH YOU HOLD PROFESSIONAL LICENSURE?

NO

YES

If YES, please provide a separate statement of explanation in a sealed envelop marked "Confidential – Attn: DNAP Program Director". Enclose the sealed envelop with your Admissions Application.

PROFESSIONAL PRACTICE AS A REGISTERED NURSE (RN)

HAS A JUDGEMENT IN A CIVIL LITIGATION ACTION, NEGLIGENCE, OR MALPRACTICE SUIT BEEN AWARDED AGAINST YOU AS A RESULT OF ACTIONS OR INACTIONS ON YOUR PART, IN YOUR PROFESSIONAL PRACTICE AS A REGISTERED NURSE?

NO

YES

If YES, please provide a separate statement of explanation in a sealed envelop marked "Confidential – Attn: DNAP Program Director". Enclose the sealed envelop with your Admissions Application.

PERSONAL CONDUCT AS A STUDENT

ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN CHARGED WITH OR SUBJECT TO DISCIPLINARY ACTION FOR ACADEMIC MISCONDUCT AT ANY EDUCATIONAL INSTITUTION?

NO

YES

If YES, please provide a separate statement of explanation in a sealed envelop marked "Confidential – Attn: DNAP Program Director". Enclose the sealed envelop with your Admissions Application.

PERSONAL OR PROFESSIONAL CONDUCT AS AN INDIVIDUAL OR LICENSED PROFESSIONAL

ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN, CHARGED WITH A VIOLATION OF LAW, THAT COULD OR HAS RESULTED IN: PROBATION, COMMUNITY SERVICE, ALTERNATIVE CONVICTION PROGRAM ASSIGNMENT, HOUSE ARREST, JAIL OR IMPRISONMENT; OR THE SUSPENSION OR REVOCATION OF YOUR DRIVERS LICENSE (INCLUDING TRAFFIC VIOLATIONS WHICH RESULTED IN A FINE OF \$200 OR MORE)?

NO

YES

If YES, please provide a separate statement of explanation in a sealed envelop marked "Confidential – Attn: DNAP Program Director". Enclose the sealed envelop with your Admissions Application.

For violations of law, if you have had a criminal record expunged pursuant to applicable law, you are not required to answer YES to the question above about violations of law. However, that information is still disclosed in the federal criminal history background report received by the Program. If you are unsure whether you should answer YES, we strongly suggest that you fully disclose all incidents prior to admission or enrollment. By doing so you may avoid the risk of disciplinary action or revocation of your offer of admission.

VERIFICATION AND VALIDATION OF PROFESSIONAL NURSING LICENSE

AT THE TIME OF ENROLLMENT, ALL NURSE ANESTHETIST RESIDENTS ARE REQUIRED TO HAVE AND MAINTAIN VALID, CURRENT, AND UNRESTRICTED LICENSURE AS A REGISTERED NURSE ISSUED BY THE STATE OF FLORIDA. LICENSURE STATUS IS SUBJECT TO VERIFICATION AT ANY TIME WITH THE FLORIDA BOARD OF NURSING. FAILURE TO MAINTAIN VALID, CURRENT, AND UNRESTRICTED LICENSURE AS A REGISTERED NURSE WILL RESULT IN SUSPENSION AND/OR DISMISSAL FROM THE PROGRAM.

SUBSTANCE ABUSE HISTORY

APPLICANTS WITH A PRIOR HISTORY OR TREATMENT FOR SUBSTANCE BEHAVIOR ARE STRONGLY URGED TO SEEK PROFESSIONAL CONSULTATION WITH AN ADDICTION SPECIALIST AND REVIEW THE RELEVANT RESEARCH LITERATURE BEFORE CONSIDERING ENTRY TO THE ANESTHESIOLOGY PROFESSION. UNFORTUNATELY, THE INCIDENCE OF SUBSTANCE ABUSE AND RELAPSE BEHAVIOR IS HIGHER FOR THE ANESTHESIOLOGY PROFESSION AS COMPARED TO OTHER NURSING AND MEDICAL SPECIALITIES. APPLICANTS WHO HAVE SUCCESSFULLY COMPLETED THE INTERVENTION PROJECT FOR NURSES, OR OTHER TREATMENT FOR SUBSTANCE ABUSE ARE NOT MANDATED TO DISCLOSE THIS HISTORY. HOWEVER, WE STRONGLY SUGGEST THAT YOU FULLY DISCLOSE SUCH HISTORY IN A CONFIDENTIAL MANNER WITH THE PROGRAM DIRECTOR PRIOR TO ADMISSION OR ENROLLMENT. APPLICANTS ARE ADVISED THAT THE PROGRAM AND ITS RESIDENTS ARE SUBJECT TO ALL APPLICABLE POLICIES AND PROCEDURES RELATED TO DRUG SCREENING AND CONTROLLED SUBSTANCE REGULATIONS AND PROCEDURES AT OUR CLINICAL PRACTICUM FACILITIES.

CRIMINAL HISTORY BACKGROUND CHECK

APPLICANTS SHOULD BE ADVISED THAT A STATE AND FEDERAL CRIMINAL HISTORY BACKGROUND CHECK IS NOW REQUIRED OF ALL PERSONS IN TRAINING AT HEALTH CARE FACILITIES. CLINICAL FACILITIES HAVE THE RIGHT TO LIMIT OR PROHIBIT STUDENTS WITH CERTAIN CRIMINAL HISTORIES FROM PARTICIPATING IN CLINICAL PRACTICUM INSTRUCTION AT THEIR INSTITUTION. A STUDENT THAT CANNOT PARTICIPATE IN CLINICAL PRACTICUM CAN NOT COMPLETE THE PROGRAM REQUIREMENTS FOR GRADUATION. ADDITIONAL STIPULATIONS ARE ALSO IMPOSED ON PERSONS WITH A CRIMINAL BACKGROUND HISTORY WITH REGARD TO CERTIFICATION ELIGIBILITY AND STATE LICENSURE. INDIVIDUALS WITH POTENTIAL BACKGROUND ISSUES SHOULD CONSULT THE FLORIDA BOARD OF NURSING FOR ADVISEMENT, [HTTP://FLORIDASNURSING.GOV/FORMS/CONVICT-RECORD-GUIDELINES.PDF](http://FLORIDASNURSING.GOV/FORMS/CONVICT-RECORD-GUIDELINES.PDF) OFFENSES UNABLE TO BE CLEARED ARE NOT ELIGIBLE FOR ADMISSION WITHOUT FLORIDA BON APPROVAL.

APPLICATION CERTIFICATION

I HEREBY CERTIFY BY WRITTEN OR ELECTRONIC SIGNATURE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS COMPLETE AND ACCURATE, AND I UNDERSTAND THAT TO MAKE FALSE OR FRAUDULENT STATEMENTS IN THIS APPLICATION OR TO MISREPRESENT MY QUALIFICATIONS, MAY RESULT IN DENIAL OF ADMISSION, DISCIPLINARY ACTION, SUSPENSION OR DISMISSAL FROM THE UNIVERSITY, OR INVALIDATION OF CREDITS OR DEGREES EARNED. I FURTHER ACKNOWLEDGE MY UNDERSTANDING AND COMPLIANCE WITH APPLICATION DEADLINES, PROGRAM ADMISSION REQUIREMENTS AND THE DISCLOSURE AND ADVISORY INFORMATION ABOVE. IF ADMITTED, I AGREE TO ADBIDE BY, AND TO BE BOUND BY THE POLICIES, PROCEDURES, & REGULATIONS OF THE PROGRAM, THE CLINICAL AFFILIATES, SCHOOL OF NURSING AND THE UNIVERSITY. SHOULD ANY OF THE INFORMATION I HAVE PROVIDED IN THIS APPLICATION RELEVANT TO MY QUALIFICATIONS CHANGE, I WILL ADVISE THE PROGRAM ACCORDINGLY AND SUBMIT AN AMENDED APPLICATION OR OTHER DOCUMENTATION AS MAY BE REQUIRED.

SIGNATURE OF APPLICANT: _____

DATE: _____



DNP Nurse Anesthetist Program Applicant Recommendation

Applicant Instructions: Please provide this Applicant Recommendation form to three (3) individuals who are familiar with your academic and/or professional practice as a nurse and who are able to provide an objective evaluation of the criteria below. The completed Applicant Recommendation form should be mailed directly by the Evaluator to the address below, OR may be placed in a sealed envelop with their signature over the seal and returned with the Admission Application and supporting documentation.

Name of Applicant: _____

Date: _____

Family Educational Rights and Privacy Act of 1974 Under the provisions of this act, you have the right, if you enroll at Florida International University, to review your educational records. The act further provides that you may waive your right to see recommendations for admission. Please indicate below by checking the appropriate statement and signing your name, whether or not you wish to waive that right.

I WAIVE or DO NOT WAIVE my right to see this recommendation.

Applicant's Signature: _____

Date: _____

To the evaluator: The individual above has applied for admission to the Graduate DNP Nurse Anesthetist Program at Florida International University. You are being asked to evaluate the applicant's potential for success in this program. The Admissions Committee thanks you for your time and for your honest and candid responses. Upon completion please mail this form to the address below or place in a sealed and signed envelop for the applicant to return with their application package.

1. HOW LONG HAVE YOU KNOWN THE APPLICANT? _____ IN WHAT CAPACITY? _____

2. ESTIMATE OF POTENTIAL AS A CANDIDATE FOR THIS DEGREE (CHECK ONE):

EXCEPTIONAL ABOVE AVERAGE AVERAGE BELOW AVERAGE POOR

3. RECOMMENDATION CONCERNING ADMISSIONS (CHECK ONE):

I RECOMMEND THE APPLICANT WITH CONFIDENCE.
 I RECOMMEND THE APPLICANT WITH RESERVATION.
 I DO NOT RECOMMEND THE APPLICANT.

4. PLEASE RATE THE APPLICANT IN EACH AREA LISTED BELOW:

EVALUATION CRITERIA	EXCEPTIONAL	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	POOR	No Basis to Evaluate
Clinical Knowledge Base						
Proficiency in Clinical Skills						
Analytical/Problem Solving Skills						
Judgment and Responsibility						
Ability to Express Self Verbally						
Ability to Express Self in Writing						
Working Relationship with Others						
Ability to Handle Stressful Situations						
Skills and Potential in Leadership						
Perseverance to Handle Graduate Study						

PLEASE PROVIDE ADDITIONAL ASSESSMENT OF THE APPLICANT'S POTENTIAL FOR SUCCESS IN THE PROGRAM. PLEASE ADDRESS PARTICULAR STRENGTHS AND/OR WEAKNESSES THAT WILL AID OR DETRACT FROM THE APPLICANT'S POTENTIAL TO SUCCEED. YOU MAY USE THE REVERSE OF THIS FORM IF NEEDED. LETTERS MAY BE PROVIDED BUT THEY MUST BE SUPPLEMENTAL TO THIS FORM.

Name (print)

Signature

Position

Date

Organization

Phone



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Name (print)

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Name (print)

Signature

Position

Date

Organization

Phone



Transcript Request Form
(Please photocopy additional copies of this form as necessary)

TO THE APPLICANT: IT IS IMPORTANT THAT TRANSCRIPT REQUESTS ARE SENT TO YOUR PREVIOUS SCHOOL(S) IN A TIMELY FASHION IN ORDER TO PROCESS YOUR ADMISSION APPLICATION. TO COMPLY WITH PRIVACY OF INFORMATION STATUTES, SCHOOLS REQUIRE THAT TRANSCRIPT REQUESTS BE MADE IN WRITING. FILL IN THE BLANKS ON THE FORM. TO AVOID DELAYS IN PROCESSING YOUR REQUEST, IT IS SUGGESTED THAT YOU CALL OR CHECK THE WEB SITE OF YOUR PREVIOUS SCHOOL(S) TO FIND OUT IF A FEE SHOULD ACCOMPANY THIS TRANSCRIPT REQUEST FORM. MAIL THE REQUEST FORM AND ANY FEE REQUIRED TO YOUR PREVIOUS SCHOOL(S).

To The Office of the Registrar – Transcript Request:

Please send two (2) official transcripts of my academic work while attending your institution.

- One transcript must be sent to the **One Stop Office at Florida International University.**
- One transcript must be sent to the **DNP Nurse Anesthetist Program at Florida International University.**

A. I attended your institution from _____ to _____

B. While in attendance, my name was:

Last First MI Maiden Name

C. My student identification number was: _____, OR

My Social Security Number is: _____

Signature

Date

Office of the Registrar: Please mail one official transcript each, to the addresses below. Thank you.

<p align="center">Florida International University One Stop 11200 S.W. 8th Street, SASC 116 Miami, FL 33199</p> <p align="center">phone: 305-348-7442</p>	<p align="center">Florida International University Nicole Wertheim College of Nursing and Health Sciences Department of Nurse Anesthetist Practice 11200 S.W. 8th Street, AHC3- Room 342 Miami, FL 33199</p> <p align="center">phone: 305-348-7747</p>
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