

Nurse Anesthesia Shadowing Verification Form

Dear Colleague,

As part of the admission process for our Nurse Anesthesia program, we require students to complete approximately **8-16 hours of shadow experience with a CRNA within the year of applying to the program**. We hope that spending time with an experienced anesthesia provider will give them insight into the profession.

Please complete the information below and return this form to the applicant, who is responsible for submitting it with their other application materials. This form only indicates that the candidate completed the shadowing experience.

Thank you for taking the time to share our profession with a potential nurse anesthesia student.

Sincerely,

Nurse Anesthesia Admissions Committee

Applicant Name: _____

Experience

The applicant: (Check all that apply)

Discussed a typical day for a CRNA in the practice setting of
(Hospital Name) _____

Discussed the roles and responsibilities of the CRNA shadowed

Observed preoperative interview and preparation of patient

Observed induction of general anesthesia

Observed invasive line placement (if applicable)

Observed regional techniques (if applicable)

Observed emergence from general anesthesia

Observed PACU report

Other unique experiences:

I verify that the above named applicant has completed _____ hours of nurse anesthesia shadowing in the OR and has had the opportunity to observe and ask questions about the Nurse Anesthesia profession.

Facility/Hospital Name: _____

CRNA Name: (please print) _____

CRNA Signature: _____ Date(s): _____