The University of Scranton

Master of Science in Nursing Degree

Concentration in Nurse Anesthesia

Admission Requirements

1. A BSN from a NLNAC or CCNE accredited School of Nursing with a verification of current Nurse License.

2. **Official** transcript(s) from courses taken from **all** colleges/ universities attended.

3. A minimum **cumulative** undergraduate GPA of 3.00 from **all** colleges/universities attended. Cumulative GPA is based on all coursework, not just your degree conferred undergraduate transcript. If your calculated cumulative GPA is below a 3.00, you will be required to submit an official GRE score report.

4. Three current references (one from the applicant’s current supervisor).

5. A minimum of one year ICU, CCU, SICU experience.


7. Two college Chemistry Courses. (Please indicate on the checklist provided the institution(s), course number and name where you completed this coursework.)

8. Proof of an undergraduate Statistics Course and Health Assessment Course. (Please indicate on the checklist provided the institution(s), course number and name where you completed this coursework.)


10. **All admission requirements must be completed by the October 1st deadline.**
Enclosure 2

The University of Scranton

Master of Science in Nursing Degree

Concentration in Nurse Anesthesia

Name: _____________________________________

Critical Care Work Experience

1. List your clinical experiences during the past five years, providing specific dates as well as hospital size (# of beds) where you received those experiences. State whether the experiences were full or part-time. Also, the # of beds of the ICU, CCU, SICU.

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<th>Experiences</th>
<th>Full or P/T</th>
<th>Dates(s)</th>
<th>Hosp Size</th>
<th># of ICU Beds</th>
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Enclosure 2 (continued)

In which of the following have you had significant hands-on experience?

CVP’s  Swan Ganz Cathethers

ABG’s  SV02 Monitoring

Have you had any special or additional training: (Briefly describe)
Enclosure 3

The University of Scranton
Master of Science in Nursing Degree
Concentration in Nurse Anesthesia
Clinical Experience Verification
(To be completed by employer(s) covering the last 5 years)

Name: ____________________________________________________________
Address: __________________________________________________________
Place of Employment: __________________________________________________

From: _________________ To: ________________

Hours worked per week: _________________________
Full Time: _____________________________________
Part Time: ___________________________________

Type of Unit___________________ Number of beds: __________________
(Please specify)

___________________ Number of beds: __________________

___________________ Number of beds: __________________

Signature of Employer: _______________________________________________

Print Name: _________________________________________________________

Title: ______________________________________________________________

Date: ________________________________

*Use one copy per employer/facility

Return to: The University of Scranton
Office of Graduate Admissions-The Estate
800 Linden Street
Scranton, PA 18510-4549
(570) 941-4416
The University of Scranton
Master of Science in Nursing Degree
Concentration in Nurse Anesthesia

Checklist for Applicant

Name: _____________________________________

1. _____ The University of Scranton Graduate Admissions Application
   (Please visit: www.scranton.edu/gradapply)

2. _____ Your official transcripts from all colleges/universities attended.
   (The GRE Test is required if cumulative GPA from all undergraduate coursework is below 3.0)

3. _____ Three current references, including one from applicant’s current supervisor,
   in sealed envelopes.

4. _____ Critical Care Work Experience form (minimum 1 year ICU, CCU, SICU experience)

5. _____ Clinical Experience Verification form

6. _____ Copy of verification of current Nursing License

7. _____ Copy of current BCLS, ACLS and PALS Certification

8. _____ Proof of two college Chemistry courses, Statistics Course, and Health
   Assessment course (Please indicate the institution(s), course number and name where you
   completed this coursework)
   Chemistry__________________________________________________
   Chemistry__________________________________________________
   Statistics___________________________________________________
   Health Assessment___________________________________________

9. _____ Statement of Professional Goals

*Items 1 through 9 must be completed and enclosed in the
application in order to be considered for an interview.*