

# VILLANOVA UNIVERSITY COLLEGE OF NURSING GRADUATE PROGRAM

## **GUIDELINES TO APPLYING TO THE MSN/NURSE ANESTHESIA TRACK**

The MSN/Nurse Anesthesia track begins each fall semester, but applications for admission are reviewed on an ongoing basis. Application to the MSN/Nursing Anesthesia track is a two step process. First, the application packet is reviewed and a decision made regarding admission to Villanova University College of Nursing Graduate Program. Second, the application is then forwarded to Crozer Chester Medical Center School of Nurse Anesthesia. A decision regarding an interview for admission to the Anesthesia Track is made at that time. All interviews are conducted at Crozer Chester Medical Center. Final decision for admission to the Villanova University/Crozer Chester Medical Center School of Nurse Anesthesia will be made after the interview is completed.

**FALL semester admission...July 1**  
**SPRING semester admission...December 1**  
**SUMMER term admission...April 1**

**APPLICATION PACKET.** The following items comprise the application packet and must be submitted to Villanova University, Office of University Admission, Graduate Nursing Program by the above mentioned deadlines in order for an application to be reviewed:

- Villanova University Application and Application Fee (\$50.00, payable to Villanova University)
- Crozer Chester Medical Center School of Nursing Anesthesia Application and Application Fee (\$50.00, payable to CCMC School of Nurse Anesthesia)
- References
- Miller Analogies Test (MAT) or Graduate Record Exam (GRE) Score
- Official Transcripts
- Statistics Pre-requisite Documentation
- Copy of Current RN License
- A completed Criminal Background Check (go to <http://www.villanovabackgroundcheck.com>).

### **APPLICATION FORMS.**

1) The enclosed "Graduate Program Application for Admission" is to be completed and returned with a \$50 (non-refundable) application fee to Villanova University, Office of University Admission, Graduate Nursing Program. Please read all directions carefully and pay particular attention to the Personal Statement section on page 4. Nurse Anesthetist applicants should write a summary of clinical practice expertise in this section.

2) The enclosed "Crozer Chester Medical Center School of Nursing Anesthesia Application" is to be completed and returned with a \$50 application fee (payable to CCMC School of Nurse Anesthesia) **along with all other forms and material to Villanova University, Office of University Admission, Graduate Nursing Program.**

**REFERENCES.** Reference forms (enclosed) are to be submitted by three medical/nursing professionals, including one from your nursing supervisor, who are well acquainted with your academic and professional work. Each respondent is to complete and sign the letter of recommendation, enclose it in the envelope provided, and return the envelope to you after having signed the back over the seal. Letters of recommendation can be submitted separately and need not accompany application form.

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## **GUIDELINES TO APPLYING TO THE GRADUATE NURSING PROGRAM**

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**MAT or GRE SCORE.** The Miller Analogies Test (MAT) or Graduate Record Exam (GRE) may be taken at any college or university that offers these tests. The MAT test information and test sites are available at [www.milleranalogies.com](http://www.milleranalogies.com). The GRE test information and test sites are available at [www.gre.org](http://www.gre.org) or at Villanova's Career Planning and Placement Center (610-519-4060). The MAT or GRE results are to be sent directly to the Office of University Admission, Graduate Nursing Program.

**OFFICIAL TRANSCRIPTS.** An official transcript from each previous college or school attended (e.g., diploma, certificate, undergraduate, graduate) is to be sent to the Office of University Admission, Graduate Nursing Program by the Registrar of the college or school involved. Student copies of transcripts are not acceptable.

**STATISTICS PRE-REQUISITE DOCUMENTATION.** Completion of an undergraduate (or graduate) course that includes both descriptive and inferential statistics is required for admission. Documentation of course completion with a grade of "C" or higher is to be provided through an official transcript which should be sent to the Office of University Admission, Graduate Nursing Program

**CRIMINAL BACKGROUND CHECK.** Villanova University has partnered with American DataBank to provide background checks for healthcare students, go to: <http://www.villanovabackgroundcheck.com>. Please select Package 1 **and** Package 3 or 4 depending on where you live.

**INTERVIEW.** (Required for all Nurse Anesthetist applicants).

**GRADUATE STUDENT CATALOG.** To view the College of Nursing Graduate Student Catalog, go to: [http://www.villanova.edu/nursing/assets/documents/graduate\\_catalog.pdf](http://www.villanova.edu/nursing/assets/documents/graduate_catalog.pdf)

**MAILING.** All correspondence concerning application to the Graduate Nursing Program should be mailed to the following address:

**GRADUATE NURSING PROGRAM  
Office of University Admission  
800 Lancaster Avenue  
Villanova, PA 19085-1690**

All calls should be made directly to the Graduate Nursing Program office at 610-519-4934.



CROZER-CHESTER MEDICAL CENTER  
VILLANOVA UNIVERSITY  
NURSE ANESTHESIA TRACK  
APPLICATION FORM



Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Email Address: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

**In Case of Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

**Educational Experience (other than Undergraduate Studies)**

a. Workshops (within the last 2 years)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. CCRN: YES \_\_\_\_\_ NO \_\_\_\_\_ Expiration: \_\_\_\_\_

ACLS: YES \_\_\_\_\_ NO \_\_\_\_\_ Expiration: \_\_\_\_\_

PALS: YES \_\_\_\_\_ NO \_\_\_\_\_ Expiration: \_\_\_\_\_

OTHER: (please list) \_\_\_\_\_ Expiration: \_\_\_\_\_

\_\_\_\_\_ Expiration: \_\_\_\_\_

\_\_\_\_\_ Expiration: \_\_\_\_\_

**Clinical Experience:** Describe current clinical experience (*i.e.*: *types of patients, work environment, administrative or other responsibilities*).

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**Healthcare Coverage:** Healthcare Coverage must be maintained while a student. Please document your healthcare coverage and how it will be maintained during the Anesthesia Program.

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**Liability Insurance Coverage:** Please document your current Liability Insurance Coverage.

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**Licensure:** Please attach a copy of current RN License.

Has your license ever been revoked or suspended in ANY state? Yes \_\_\_\_\_ No \_\_\_\_\_

The information provided in this application is true to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_\_\_

