

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.
6. Current BCLS, ACLS and PALS certification.
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.)
9. A statement of Professional Goals.
10. **All admission requirements must be completed by the October 1st deadline.**

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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.

Experiences	Full or P/T	Dates(s)	Hosp Size	# of ICU Beds

Enclosure 2 (continued)

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

CVP's

Swan Ganz Catheters

ABG's

SV02 Monitoring

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

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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
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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.