

## Application Checklist and Supplemental Information

## CRNA Doctor of Nurse Anesthesia Practice Postgraduate Degree For Mayo Clinic CRNAs or Graduates from Mayo Clinic's Master of Nurse Anesthesia Program

**Instructions:** Follow these instructions closely. Your application packet will contain several documents, detailed below. All materials must be complete and submitted by **August 1, 2018.** 

App	plicant Name (First, Middle, Last)					
	Complete the online Application for Admission, which can be accessed from the program website. Complete, electronically submit, and print out the Apply Yourself application and include it with your completed package.					
	Note: These instructions will differ from the on-screer	n instructions within the online application form.				
	<ul> <li>Do not enter high school information or ACT/SAT scores.</li> </ul>					
	List your universities or colleges in order of most recent first.					
	<ul> <li>Do not use the online recommendations within the application system — narrative references required.</li> </ul>					
	<ul> <li>Type in your work history in the online application system and also upload your resume within the online application system.</li> <li>You will find an "upload" feature at the end of the work history section of the online system. Both are required.</li> </ul>					
	<ul> <li>Complete and upload your Apply Yourself application essay question found in Section 7 — limit to one page of 12 point font at 500 words or less.</li> </ul>					
	<ul> <li>Complete the two DNAP Post Graduate Degree Program essay questions in the boxes provided on page 3.</li> </ul>					
		ry academic institutions you have attended since graduation from the MCSHS Master gram other than the MCSHS Nurse Anesthesia Program. Request that the official <b>t</b> open the envelope(s).				
	•	ted and scores must be sent to the Mayo Clinic School of Health Sciences, Ilso mail them with your application packet. Visit the GRE website to order scores,				
		erences). Do <b>not</b> use the online application system recommendations. The letters sources identified below. In the boxes below, list the names of the individuals from mendation.				
	Current CRNA Supervisor					
	Anesthesiologist (work-related, not fellow or resident)					
Education (only necessary if you did not attend Mayo's Nurse Anesthesia Program)						
suc	ccess in the field of nurse anesthesia. Education: If requi	onal, academic, and professional qualifications, along with a statement about your red this letter should identify your scholarly abilities and motivation to excel in the I letterhead, inserted into an envelope and sealed with the writer's signature written				

listed above.

across the sealed flap. Request that the letter be returned to you. Do not open the envelopes. Provide these instructions to the individuals

CRNA Work Experience						
Employment Detail	Dates Employed (Start and End)	Years/Months of Experience				
Institution:						
Employer:						
Area/Specialty:						
Institution:						
Employer:						
Area/Specialty:						
Institution:						
Employer:						
Area/Specialty:						
Institution:						
Employer:						
Area/Specialty:						
Institution:						
Employer:						
Area/Specialty:						
Total	Years of Nurse Anesthesia Experience					
☐ Nursing license verification.						
□ NBCRNA verification.						
<b>This supplemental form.</b> Make sure you have completed every item, provided the requested items, and included this form with your application packet.						
<ul> <li>■ Mail your application packet. Once you have assembled each of envelope via trackable mail (such as US postal express or priority, the encouraged. (August 1, 2018 is the final submission date.)</li> <li>■ Mail to:</li> <li>■ Doctor of Nurse Anesthesia Practice Program</li> <li>■ Siebens Building 10-12</li> <li>■ 200 First Street SW</li> </ul>						

## **Questions?**

Rochester, MN 55905

Applicant Name (First, Middle, Last)

Contact the program office at 507-266-4163 with questions about the application packet materials or requirements.

## What next?

Log in to your Apply Yourself account to check the status of your application. Applicants selected as preliminary candidates will be notified by early November. If you are considered for an appointment, you will be asked to visit Mayo Clinic in Rochester, at your expense, for a personal behavioral interview with the program director and selected faculty. Interviews will be held in early November. Final candidates for the program are selected after all interviews are completed and will be notified in early December.

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	o each of the two responses to 500 words or less. Type or paste each essay response in the spaces provided below.  What is your motivation for obtaining a DNAP degree? How do you think obtaining a DNAP will impact your practice as a professional CRNA								
			iate Degree a ould be impor				s for a potentia	al DNAP project.	Share wh
110	isc ideas are	and willy it w	odia be impor	tant to exploi	c triosc area	is of practice.			

Applicant Name (First, Middle, Last)

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