

(814) 877-2938 Fax (814) 877-6070 http://www.hamotschoolofanesthesia.org

Applicant's Checklist

sullivanam6@upmc.edu.

Rachel A. Wolfe, DNP, CRNA Director

Donald E. Larmon, DNP, CRNA Assistant Director

Autumn Arkwright, MSN, CRNA Clinical Coordinator

Shannon Markham, MSN, CRNA Clinical Coordinator

Cathy Miseta, MS Education Coordinator

ALL ELEMENTS ARE DUE BY OCT. 1

Resume

Statement

Angela M. Rood, BA Sr. Administrative Assistant

		Date completed.
Complete Online Application for Admission		
Application fee: \$75 (non-refundable) paid online using major credit card or che-	ck.	
One official copy of all college transcripts emailed to sullivanam6@upmc.edu :		
	Transcript #1	
	Transcript #2	
	Transcript #3	
Four letters of recommendation; one must be from your current nursing sup be provided by any persons with whom you have had significant professional e person who will be writing a reference for you and ask him/her to fill out both pathe reference's email to sullivanam6@upmc.edu :	xperience. Please g ges. All letters mus	ive the form to the
	Nursing Sup.	
	Reference #2	
	Reference #3	
	Reference #4	
Official GREs sent to Gannon University (GRE report code 2270). Gannon will transmit the scores GREs are mandatory at the UPMC Hamot School of Anesthesia.		to the school.
CINES are mandatory at the or we harnot concer or vitestricista.	GREs	
Copy of current professional nursing license* and copies of ACLS, BLS and PALS car available.) Please email to sullivanam6@upmc.edu :		opy of CCRN, if
	Nursing License	
	ACLS card	
	BLS card	
	PALS card	
	CCRN	

*You will be required to obtain a Pennsylvania nursing license upon enrollment into the program.

Pre-admission drug screening, criminal and abuse clearances will be required following acceptance into the program.

Applicants can choose to send a formal resume/CV and a more complete Statement of Career Goals via email to