



Personal Information (Please type or print.)

Name _____
First Middle Last (Maiden)

Address _____
Street County

_____ *City State Country ZIP Code*

Social Security Number ____-____-____ Day Phone (____) _____ Evening Phone (____) _____

Email Address _____

Employment Information

Employer _____

Address _____
Street County

_____ *City State Country ZIP Code*

Job Title _____ Work Phone (____) _____

Employment History (List in reverse order, beginning with the most recent.)

Name / Location of Employer	Job Title	Nature of Position	Dates
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Entrance Information

Term applying for: Summer _____ (year)

Have you previously applied at La Roche? Yes No If yes, when? _____

Academic History

List all colleges, universities and professional schools attended, with the most recent first. Include all nursing school and college-level academic work, regardless of whether a degree was earned.

Name of College	U or G*	Dates Attended	Major / Minor	Degree Earned / Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

*Indicates Undergraduate or Graduate

List any accommodations you may require: _____

Prerequisite Coursework (Requires grade of "B" or better.)

Statistics	_____	_____	_____
Graduate-level research (final capstone project must be submitted)	_____	_____	_____
	Year Taken	College Attended	Grade Received
	_____	_____	_____

APPLICATION – Doctor of Nurse Anesthesia Practice

Admissions Materials All materials should be submitted to the University at the same time as the application by Feb. 1.

- Official transcripts
- Evidence of graduation from an accredited baccalaureate or higher nursing program, or possession of a Bachelor of Science degree in a basic or an appropriate health science field.
- Evidence of a master's degree from a nationally accredited nurse anesthesia program (ACEN or CCNE) and certification as a CRNA.
- A minimum cumulative GPA of 3.25.
- Submission of a curriculum vitae and three professional references.
- Submission of required essays:
 - One essay will focus on the applicant's professional goals.
 - The second essay should discuss the applicant's research area of interest and proposed doctoral capstone project.
- Completed and signed application form.
- Satisfactory completion (grade of "B" or better) of two prerequisites: statistics and a graduate-level research course.

For International Students

In addition to the above stated requirements, international students must:

- Complete the Commission on Graduates of Foreign Nursing Schools (CGFNS) process to evaluate the international license to practice nursing and any educational program transcripts
- Copy of U.S. Nursing License

Visit laroche.edu for an explanation of admission requirements.

Your responses to the following questions are optional and do not affect your application. These informational questions will help the institution to better serve you. The data also will facilitate reports required by state and federal agencies.

Gender _____ Religion (Denomination/Rite) _____

Date of Birth _____ Place of Birth _____

Citizenship _____

Ethnicity: How would you describe yourself?

Hispanic of any origin (Spanish, Mexican, Puerto Rican, etc.): Yes No

Select one or more of the following: White Asian Black or African American
 American Indian/Alaska Native Native Hawaiian/Pacific Islander

Veteran: Yes No If yes, will you seek benefits? Yes No

Marital Status: Single Married Divorced Widowed

NON-DISCRIMINATION POLICY

La Roche University does not discriminate on the basis of race, religion, color, national origin, sex, disability, or age in its programs and activities. The following persons have been designated to handle inquiries regarding the non-discrimination policies:

Vice President of Student Life & Dean of Students | 412-536-1069

Coordinator of Accessibility & Compliance | 412-536-1177

Associate Vice President of Human Resources | 412-536-1115

For further information on notice of non-discrimination, call 1-800-421-3481.

I certify that the statements contained within this application are true to the best of my knowledge. I understand those credentials filed in support of this application become the property of La Roche University and are not returnable or transferable. (Falsifications or omissions on this application may be grounds for dismissal.)

APPLICANT'S SIGNATURE

Name

Date

Please return all materials to: LA ROCHE UNIVERSITY, Office of Graduate Studies & Adult Education, 9000 Babcock Boulevard, Pittsburgh, PA 15237
Phone (412) 536-1260 • Fax (412) 536-1283 • Toll Free (844) 838-4578 • laroche.edu • Email: graduateadmissions@laroche.edu

La Roche University is an Equal Opportunity Education Institution.