Dear Prospective Student:

Thank you for your recent inquiry regarding the M.S. in Health Sciences degree in Nurse Anesthesia at La Roche College. The La Roche program features an integrated curriculum consisting of coursework completed onsite at the College, and clinical classes and experience gained at Allegheny School of Anesthesia, located within Allegheny General Hospital.

Students wishing to apply for admission should download and print the following application materials. Upon completion of all admissions requirements including the School of Anesthesia application and application fee, a committee consisting of both the School of Anesthesia and La Roche representatives will review each student's credentials. The School of Anesthesia will notify students regarding admission to both the clinical and didactic programs simultaneously. Only these students who are accepted need to submit the La Roche College application form and application fee in the amount of $50.00.

Prerequisite coursework for the M.S. in Health Sciences degree includes four credits of chemistry, eight credits of anatomy and physiology, three credits of pharmacology and four credits of physics, which need to be successfully completed with a grade of “B” or better at the undergraduate level. In the majority of cases, this coursework was integrated into undergraduate programs of study; each student's background with respect to prerequisite fulfillment is evaluated individually. Decisions regarding the need for any additional prerequisite will be rendered by the admissions committee. Prerequisite acceptance is at the discretion of the program director.

The deadline for submitting admissions materials is December 31st of the year prior to the academic year (which begins each fall) for which you wish to begin. Additional questions regarding the M.S. in Health Sciences program may be directed to the School of Anesthesia coordinator, Carla DeSalle at 412 442-2188 or to Josie Schomburger, Admissions Secretary at La Roche College at 412-536-1260.

Good Luck with your future academic pursuits!

Sincerely,

[Signature]

Director, Graduate Studies & Adult Education
Hope Schiffgens
APPLICATION FOR ADMISSION

(Please print or type) Social Security Number: ____________________________

1. Name: ____________________________________________________________
   (Last)    (First)    (Middle/Maiden)

2. Address: __________________________________________________________
   (Street) __________________________________________________________
   (City)     (State)   (Zip Code)

   Phone: (_____)___________________________ Email: ____________________________

3. Please list the colleges you have attended or are attending and/or any post-secondary training you may have received. Include dates of enrollment and degree(s) earned.

<table>
<thead>
<tr>
<th>Name of School</th>
<th>City/State</th>
<th>From/To</th>
<th>Diploma/Degree</th>
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4. Please list work experience since graduation:

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<th>Place of Employment</th>
<th>City/State</th>
<th>From/To</th>
<th>Types of Experience</th>
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5. Have you ever been enrolled in any other School of Anesthesia?  ○ Yes  ○ No

6. Nursing Registration: License No.: _______________ State: _______ Expiration date: ____________

7. Name of person to be notified in case of an emergency:

   Name: __________________________________________________________
   Relationship: ____________________________________________
   Address: ____________________________________________________
   (Street) ____________________________________________________
   (City)     (State)   (Zip Code)
   Phone: (_____)___________________________
8. Please list three professional references from current Nurse Manager, Nursing Supervisor and other medical personnel who are familiar with your work. Please read the following paragraph very carefully and check either “Confidential” or “Non-Confidential” in the appropriate block below. The following paragraph will appear on your reference form:

The applicant has chosen to make this statement either confidential or non-confidential, according to the Family Education Rights and Privacy Act of 1974. Confidential references are prepared for the use of the Health Sciences Admissions Committee only and should not be shown to the candidate.

Professional References:

Name: _________________________________________ Title/Position: ___________________
Address: _________________________________________ Phone: (______)__________________
(Street)                                                                                         (City)     (State)  (Zip Code)
                                                                                             ○ Confidential     ○ Non-confidential
Name: _________________________________________ Title/Position: ___________________
Address: _________________________________________ Phone: (______)__________________
(Street)                                                                                         (City)     (State)  (Zip Code)
                                                                                             ○ Confidential     ○ Non-confidential
Name: _________________________________________ Title/Position: ___________________
Address: _________________________________________ Phone: (______)__________________
(Street)                                                                                         (City)     (State)  (Zip Code)
                                                                                             ○ Confidential     ○ Non-confidential

Non-Discrimination Policy

It is the policy of the Allegheny School of Anesthesia not to discriminate on the basis of race, color, religion, age, gender, national origin, marital status, disability, sexual orientation or any factor protected by law in the admission process of students or in the hiring of employees.

9. Any additional information the applicant may wish to contribute:

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

10. I certify that the above statements are complete and true to the best of my knowledge. I understand that credentials filed in support of this application become the property of Allegheny School of Anesthesia and are not refundable.

________________________________________________________________________________________
Signature of Applicant                                      Date of Application
PART A — To be completed by student

Please read the paragraph below very carefully and select “confidential” or “non-confidential” in the appropriate space before giving this form to the individual writing the recommendation. This letter of reference must be completed by employers, supervisors and/or professors.

Name of Applicant: ____________________________________________________________

The applicant has chosen that this statement be ☐ CONFIDENTIAL or ☐ NON-CONFIDENTIAL, according to the Family Education Rights and Privacy Act of 1974. Confidential references are prepared for the use of the Office of Graduate Studies & Adult Education and should not be shown to the candidate. Non-confidential references may be viewed by the candidate.

PART B - To be completed by reference

The following information will be used in making an evaluation of the applicant's strengths and weaknesses as related to graduate study. Please use additional paper if necessary.

1. In what professional and/or personal capacity and for how long have you known the applicant?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. How well does the applicant express himself/herself verbally? In written form?
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. Please comment on the applicant’s ability to give professional nursing care.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. Please comment on the applicant's interpersonal skills, both with individuals and with groups.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
REFERENCE – Master of Science in Health Science

5. Please discuss any special factors in the applicant’s background which demonstrate motivation and preparation for graduate work.

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

6. Please make any additional comments you may have about the applicant’s record, personal qualities, extracurricular activities, or general strengths or weaknesses.

________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________
________________________________________________________________________________________________________________________________________________

7. If the applicant was your employee, would you rehire him/her?  Yes  No

8. Please check one: (overall rating)

   [ ] Strongly Recommend   [ ] Recommend   [ ] Recommend with Reservation

   [ ] I do not recommend this applicant for admission to graduate study.

Please indicate your evaluation of each of the criteria using the following rating scale:

<table>
<thead>
<tr>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Applicable (N/A)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>N/A</td>
</tr>
</tbody>
</table>

A. Clinical Judgment: Does the individual...
1. Exhibit sound clinical judgment? __
2. Exhibit technical competency? __
3. Perform well under stress? __
4. Adapt well to various types of equipment? __
5. Synthesize and apply knowledge to total patient care? __
6. Demonstrate initiative? __
7. Function well alone? __
8. Function well with others? __
9. Use consultation advantageously? __
10. Follow established policies and procedures? __

B. Personal Attributes: Does the individual...
1. Exhibit ethical behavior? __
2. Exhibit self-direction? __
3. Meet your standards of dependability and punctuality? __
4. Assume responsibilities willingly? __
5. Exhibit habits of personal hygiene & professional appearance? __

C. Educational Activities: Does the individual...
1. Participate in departmental programs? __
2. Participate in institutional programs? __
3. Contribute to community health programs? __
4. Attend professional meetings, lectures, symposiums? __
5. Appreciate the value of continuing education? __

Please print:

Name: ____________________________________________________________________________________________________
First                                      Last                                      Middle

Employer: _________________________________________________________________Title: ___________________________

Business Address: __________________________________________________________
City                                      State                                      ZIP Code

Signature: __________________________________________________________________________________________________
Date: _________________________________________________________________

Please return all materials to: ALLEGHENY SCHOOL OF ANESTHESIA, 320 E. North Avenue, 5th Floor South Tower, Pittsburgh, PA 15212
Phone (412) 442-2188 • Fax (412) 442-2189
La Roche College is an Equal Opportunity Education Institution.