



Engaging Minds. Embracing the World.

Dear Prospective Student:

Thank you for your recent inquiry regarding the M.S. in health sciences (nurse anesthesia) degree at La Roche. Our program features an integrated curriculum consisting of coursework completed onsite at La Roche, and clinical classes and experience gained at the Allegheny School of Anesthesia, located within Allegheny General Hospital.

Students who wish to apply for admission should download and print the following application materials. Upon completion of all admission 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 application form and application fee in the amount of \$50.

Prerequisite coursework for the degree includes four (4) credits of chemistry, eight (8) credits of anatomy and physiology, and three (3) credits of pharmacology. All prerequisites 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 program of study. Each student's background with respect to prerequisite fulfillment is evaluated individually. Decisions regarding the need for any additional prerequisite work will be rendered by the admissions committee. Prerequisite acceptance is at the discretion of the program director.

The deadline for submitting admissions materials is Dec. 31 of the year prior to the academic year (which begins each fall) for which you wish to begin. Additional questions regarding the program may be directed to the School of Anesthesia coordinator, Carla DeSalle, at 412-442-2188 or La Roche at 412-536-1260.

Sincerely,

A handwritten signature in black ink that reads "Hope Schiffgens". The signature is written in a cursive style with a long horizontal flourish extending to the right.

Hope Schiffgens
Executive Director for Enrollment

ALLEGHENY SCHOOL OF ANESTHESIA
320 EAST NORTH AVENUE
5TH FLOOR, SOUTH TOWER
PITTSBURGH, PENNSYLVANIA 15212
412-442-2188

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.

Name of School	City/State	From/To	Diploma/Degree

4. Please list work experience since graduation:

Place of Employment	City/State	From/To	Types of Experience

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: _____ Phone: (____) _____
(Street)
_____ (City) (State) (Zip Code)

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

LETTER OF REFERENCE

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:

Excellent 4	Above Average 3	Average 2	Below Average 1	Not Applicable (N/A) N/A
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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.