Dear CRNA Colleague,

The University of Michigan-Flint Nurse Anesthesia Program requires Doctor of Nurse Anesthesia Practice applicants to participate in an 8-hour anesthesia shadow experience with a CRNA as part of the application process. This experience is intended to provide prospective program candidates with insight into the profession and practice of nurse anesthetists. Please complete the information below and return form to the applicant. Thank you for taking time to share the CRNA profession with potential future nurse anesthetists.

The applicant is responsible for returning this form to the UM-Flint Office of Graduate Programs: 251 Thompson Library, 303 E. Kearsley Street, Flint, MI 48502-1950; fax 810-766-6789

Applicant Name: __________________________________________________________________

This applicant completed ____________ hours of job shadowing with a CRNA providing direct patient care.

Were CRNA roles and responsibilities discussed with the applicant?  ☐ Yes  ☐ No

Applicant was able to ask questions regarding the profession and practice of nurse anesthesia?  ☐ Yes  ☐ No

The applicant observed the following (check all applicable):

☐ Preoperative assessment and patient preparation
☐ Induction of general anesthesia
☐ Regional anesthesia
☐ Intraoperative monitoring and anesthetic management
☐ Emergence from general anesthesia
☐ Postoperative assessment and handoff

List other notable experiences observed by the applicant, if applicable:  __________________________
____________________________________________________________________________________
____________________________________________________________________________________

CRNA Signature: __________________________________________________________________

CRNA Printed Name: __________________________________________________________________

Facility Name:  __________________________________________________________________
City: __________________________________________   State:  ____________

Shadow Date:  __________________________________________________________________