



SCHOOL OF NURSE ANESTHESIA

Anesthesia Shadow Verification Form

Dear Anesthesia Colleague,

As part of the admission process for the Texas Christian University School of Nurse Anesthesia, we request applicants participate in an anesthesia shadow experience. The intent of requesting this experience is to allow applicants to gain an understanding of a “day in the life” of an anesthesia provider. During this day we hope the applicant will be able to gain insight into the many positive aspects of the nurse anesthesia profession, as well as potential challenges.

Please complete the information below and return this form to the applicant, who is responsible for submitting it with their application materials. Thank you for taking the time to share our profession with a potential nurse anesthesia resident.

Sincerely,

The Admissions Committee
Texas Christian University School of Nurse Anesthesia

I verify that _____ has completed an “Anesthesia Shadowing” experience and has had the opportunity to ask questions about the nurse anesthesia profession.

Facility name: _____ Date: _____

Anesthesia provider name (please print): _____

Anesthesia provider signature: _____