

Professional Organizations

- 1. American Association Nurse Anesthetists (AANA)
- 2. Florida Association of Nurse Anesthetists (FANA)
- 3. Other _____

Highest Degree Held

- 1. Bachelors of Science in Nursing
- 2. Masters Degree other than Nursing
- 3. Other _____

Level of Care Provided

- 1. Inpatient
- 2. ICU/Critical Care
- 3. Emergency Room

Primary Role

- 1. Staff Nurse
- 2. Head Nurse/Manager/Charge Nurse
- 3. Research Nurse
- 4. Educator
- 5. ARNP

1. Please provide your professional goals and objectives for graduate study.

2. If you could change one thing about Healthcare today, what would it be and how would you implement it?

3. Describe personal qualities or values that you will bring to the Nurse Anesthetist profession.



Employment Commitment

Should I be awarded this scholarship and accept this scholarship, I understand and agree that in exchange for receiving the scholarship, I am agreeing to apply for employment with, and if hired, work for the University of Miami, Miller School of Medicine for a minimum of thirty six (36) months from the date of hire. I further agree that I will apply for and, if hired, commence my employment with the University of Miami, Miller School of Medicine immediately following my graduation and award of all required licenses and state certifications. I agree to sit for all required licensure examinations at the first opportunity where examinations are given after graduation. I understand and agree that if I am ineligible for hire, or resign or am terminated from employment prior to completing a full thirty-six months of employment, I will be required to repay the full amount of this scholarship.

Certification of Understanding and Accuracy

I certify that I understand the terms of the award of this scholarship and knowingly and voluntarily apply for this scholarship. I further certify that the information I have provided as part of this application, including any and all documents and information submitted in support of this application is true and correct to the best of my knowledge. I understand that falsification of information and/or omission of information may result in a decision to deny me this scholarship, to deny my admission to school or result in a subsequent decision to dismiss me from school or to deny me employment with the University of Miami, or may result in a subsequent decision to terminate any employment with the University of Miami.

Signature of applicant

Name of applicant printed

Sworn to and subscribed before me this _____ day of _____, 200____
Identification Provided _____

Notary Public

My commission expires _____

