



Anesthesiologist Assistant Program

709 Mall Boulevard
Savannah, GA 31406

Phone (912) 201-8083 Fax (912) 790-4199

**ANESTHESIOLOGIST ASSISTANT PROGRAM
APPLICATION FORM ENTERING CLASS JUNE 2010**

Submission of a current passport photograph is voluntary.
If asked for an interview, a photograph will be taken at that time.



*THIS APPLICATION MUST BE PRINTED LEGIBLY IN DARK INK OR TYPED.
ILLEGIBLE APPLICATIONS MAY BE TREATED AS INCOMPLETE AND WILL NOT BE PROCESSED.*

APPLICANT INFORMATION:

NAME _____
LAST FIRST MIDDLE MAIDEN

SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____
STREET NAME & NUMBER / POST OFFICE BOX / APARTMENT NUMBER

CITY STATE ZIP

TELEPHONE (_____) _____ CELL (_____) _____

PRIMARY E-MAIL ADDRESS _____

TEMPORARY ADDRESS _____
(IF APPLICABLE) STREET NAME & NUMBER / POST OFFICE BOX / APARTMENT NUMBER

CITY STATE ZIP

Please call the program office if your address, phone, or e-mail changes after you submit your application.

WHERE IS YOUR LEGAL RESIDENCE?

_____ COUNTY STATE COUNTRY

ARE YOU A CITIZEN OF THE UNITED STATES? YES NO

IF NO, CITIZEN OF WHICH COUNTRY? _____

IF NO, SPECIFY TYPE OF VISA _____

IF PERMANENT RESIDENT, PROVIDE REGISTRATION NUMBER _____

HAVE YOU HAD PRIOR MILITARY SERVICE?

- YES
- NO

ARE YOU ELIGIBLE FOR VETERANS BENEFITS?

- YES
- NO

WILL YOU BE APPLYING FOR FINANCIAL AID?

- YES
- NO

ARE YOU CURRENTLY A STUDENT?

- FULL-TIME
- PART-TIME
- NO

IF YES, WHERE ARE YOU ENROLLED? _____

NAME OF INSTITUTION

_____ CITY

STATE

ARE YOU CURRENTLY ENROLLED OR HAVE YOU EVER ATTENDED SOUTH UNIVERSITY?

- YES
- NO

IF YES, SPECIFY THE PROGRAM AND PROVIDE DATES OF ATTENDANCE _____

PLEASE INDICATE HOW YOU FOUND OUT ABOUT THE PROGRAM:

- COLLEGE ADVISOR
- PREMED ADVISOR
- INTERNET
- TAKING THE GRE
- TAKING THE MCAT
- ANESTHETIST (AA or CRNA)
- ANESTHESIOLOGIST
- OTHER PHYSICIAN/HEALTHCARE WORKER
- COLLEGE / GRADUATE SCHOOL GUIDE
- AMA HEALTH CAREERS BOOK
- FRIEND
- WORD OF MOUTH
- TELEVISION/NEWSPAPER
- OTHER _____

ARE YOU CURRENTLY EMPLOYED?

- FULL-TIME
- PART-TIME
- NO

OCCUPATION _____

EMPLOYER _____

_____ CITY STATE ZIP

BUSINESS TELEPHONE (_____) _____

PARENT AND / OR SPOUSE INFORMATION:

	FATHER	MOTHER	SPOUSE
	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED	<input type="checkbox"/> LIVING <input type="checkbox"/> DECEASED
NAME			
CITIZENSHIP			
STATE OF RESIDENCE			
COLLEGE / UNIVERSITY			
HIGHEST DEGREE			
OCCUPATION			

**PLEASE PROVIDE THE NAME OF AN INDIVIDUAL
TO CONTACT IN CASE OF EMERGENCY:**

NAME _____ RELATIONSHIP _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE (_____) _____ CELL (_____) _____

OPTIONAL PERSONAL INFORMATION:

(INFORMATION TO BE USED IN ACCORDANCE WITH TITLE IX OF THE EDUCATION AMENDMENTS)

DATE OF BIRTH _____
MONTH DAY YEAR

PLACE OF BIRTH _____
CITY COUNTY STATE COUNTRY

SEX FEMALE MALE (information to be used in accordance with title IX of the Education Amendments)

ETHNIC BACKGROUND:

(This information is voluntary and if you elect not to provide this information, there is no penalty or adverse treatment with regard to your application. Information is confidential and will be used in accordance with Title III of the Civil Rights Act of 1964.)

- AMERICAN INDIAN OR ALASKAN NATIVE
- ASIAN OR PACIFIC ISLANDER
- AFRICAN AMERICAN - NONHISPANIC
- HISPANIC
- WHITE - NONHISPANIC
- MULTI-RACIAL

UNDERGRADUATE EDUCATION

List in reverse chronological order all undergraduate institutions which you have attended and degrees which you have or will have received within the next six (6) months. Be sure to calculate both Overall GPA and Science GPA.

INSTITUTION	ATTENDANCE		MAJOR	DEGREE	OVERALL GPA SCIENCE GPA	DATE TRANSCRIPT REQUESTED
	FROM	TO				

GRADUATE EDUCATION

List in reverse chronological order all graduate and professional programs which you have attended and degrees which you have or will have received within the next six (6) months.

INSTITUTION	ATTENDANCE		MAJOR	DEGREE	DATE	OVERALL GPA	DATE TRANSCRIPT REQUESTED
	FROM	TO					

HAVE YOU EVER BEEN DISMISSED FROM AN ACADEMIC INSTITUTION? YES NO

****IF YES, PLEASE EXPLAIN ON THE BACK SIDE OF THIS PAGE.**

PREREQUISITE COURSEWORK

Complete the following table even though the courses appear on the transcripts that you submitted.
Note that survey courses or courses for non-science majors (except English) will not be accepted.

	COURSE NUMBER	INSTITUTION	MONTH/YEAR COURSE ENDED	CREDIT BASIS	GRADE	CREDIT HOURS
English				<input type="checkbox"/> Q <input type="checkbox"/> S		
English				<input type="checkbox"/> Q <input type="checkbox"/> S		
Gen Biology				<input type="checkbox"/> Q <input type="checkbox"/> S		
Gen Biology				<input type="checkbox"/> Q <input type="checkbox"/> S		
Gen Biology				<input type="checkbox"/> Q <input type="checkbox"/> S		
Gen Chemistry				<input type="checkbox"/> Q <input type="checkbox"/> S		
Gen Chemistry				<input type="checkbox"/> Q <input type="checkbox"/> S		
Gen Chemistry				<input type="checkbox"/> Q <input type="checkbox"/> S		
Org Chemistry				<input type="checkbox"/> Q <input type="checkbox"/> S		
Org Chemistry				<input type="checkbox"/> Q <input type="checkbox"/> S		
Org Chemistry				<input type="checkbox"/> Q <input type="checkbox"/> S		
Biochemistry				<input type="checkbox"/> Q <input type="checkbox"/> S		
Gen Physics				<input type="checkbox"/> Q <input type="checkbox"/> S		
Gen Physics				<input type="checkbox"/> Q <input type="checkbox"/> S		
Gen Physics				<input type="checkbox"/> Q <input type="checkbox"/> S		
Calculus				<input type="checkbox"/> Q <input type="checkbox"/> S		
Calculus				<input type="checkbox"/> Q <input type="checkbox"/> S		
Statistics				<input type="checkbox"/> Q <input type="checkbox"/> S		
Statistics				<input type="checkbox"/> Q <input type="checkbox"/> S		

Q = QUARTER and S = SEMESTER

ADDITIONAL COURSEWORK IN SUPPORT OF YOUR APPLICATION
(optional)

If you have taken additional coursework that you feel is relevant to your graduate studies in the anesthesiologist assistant program and that you want to bring to the attention of the admission committee, enter them here (e.g. Physiology, Anatomy, Pharmacology, Neurosciences...)

COURSE	COURSE NUMBER	INSTITUTION	MONTH/YEAR COURSE ENDED	CREDIT BASIS	GRADE	CREDIT HOURS
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		
				<input type="checkbox"/> Q <input type="checkbox"/> S		

Q = QUARTER and S = SEMESTER

**GRADUATE RECORD EXAM
(South University Code is 5157)**

Provide the scores you have received on the GRE general test in reverse chronological order. If you plan to retake the exam after submission of the application, please indicate below. Scores must be sent directly to South University. Note that GRE scores that are more than 5 years old will not be accepted. (Shaded area is for Program use only.)

DATE TAKEN or PLANNED	DATE THAT SCORES WERE REQUESTED TO BE SENT	SCORES		
		VERBAL	QUANTITATIVE	ANALYTICAL

DID YOU PARTICIPATE IN A FORMAL REVIEW COURSE FOR THE GRE? YES NO

**MEDICAL COLLEGE ADMISSION TEST
(MCAT)**

Provide the scores you have received on the MCAT in reverse chronological order. If you plan to retake the exam after submission of the application, please indicate below. Scores must be sent directly to South University. Note that MCAT scores that are more than 5 years old will not be accepted. (Shaded area is for Program use only.)

DATE TAKEN or PLANNED	DATE THAT SCORES WERE REQUESTED TO BE SENT	SCORES		
		VERBAL	PHYSICAL SCIENCES	BIOLOGICAL SCIENCES

DID YOU PARTICIPATE IN A FORMAL REVIEW COURSE FOR THE MCAT? YES NO

STAFF USE ONLY

Overall GPA	Prerequisite GPA	Science GPA	GRE Scores	MCAT Scores

RESEARCH EXPERIENCE

List research projects in which you have made significant contributions. (Be prepared to discuss the projects during the interview process.)

PROJECT TITLE	PRINCIPLE INVESTIGATOR	INSTITUTION	DATE

PUBLICATIONS

List publications for which you have been an author and enclose reprints with the application. (Be prepared to discuss your publications during the interview process.)

TITLE	JOURNAL CITATION	DATE

****Attach additional sheet(s) if necessary.**

CERTIFICATION AND LICENSURE

List any current or previous certification or licensure (e.g. EMT, RN, RRT...)

CERTIFICATION	CERTIFYING ORGANIZATION	DATE OF EXAM	EXPIRATION

LICENSURE	LICENSING AGENCY	STATE	EXPIRATION

HAVE YOU EVER BEEN TURNED DOWN WHEN REQUESTING LICENSURE OR CERTIFICATION?

- YES
- NO

****IF YES, PLEASE EXPLAIN ON THE BACK SIDE OF THIS PAGE.**

HAVE YOU EVER HAD A LICENSE OR CERTIFICATE REVOKED?

- YES
- NO

****IF YES, PLEASE EXPLAIN ON THE BACK SIDE OF THIS PAGE.**

EMPLOYMENT HISTORY

In reverse chronological order, please provide your work history for the past 5 years.

EMPLOYER	DATES Mo/Yr From - To	DUTIES AND RESPONSIBILITIES	FULL/PART TIME
			<input type="checkbox"/> Full <input type="checkbox"/> Part
			<input type="checkbox"/> Full <input type="checkbox"/> Part
			<input type="checkbox"/> Full <input type="checkbox"/> Part
			<input type="checkbox"/> Full <input type="checkbox"/> Part
			<input type="checkbox"/> Full <input type="checkbox"/> Part
			<input type="checkbox"/> Full <input type="checkbox"/> Part
			<input type="checkbox"/> Full <input type="checkbox"/> Part
			<input type="checkbox"/> Full <input type="checkbox"/> Part
			<input type="checkbox"/> Full <input type="checkbox"/> Part

VOLUNTARY MEDICAL EXPERIENCE

Provide a history of medical experience gained through voluntary programs, in reverse chronological order. (Paid Medical Experience should be previous page.)

INSTITUTION	DATES Mo/Yr From - To	DUTIES AND RESPONSIBILITIES

HONORS AND AWARDS

Please list academic honors and other awards for meritorious service.

INSTITUTION/ORGANIZATION	DATE	AWARD	PURPOSE

*****I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED ALL THE INFORMATION IN THIS APPLICATION, AND ON ANY ACCOMPANYING STATEMENTS OR FORMS, AND IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.*****

SIGNATURE OF APPLICANT

DATE

ARBITRATION

You and South University (“SU”) agree that any dispute or claim between you and SU (or any company affiliated with SU, or any of its officers, directors, trustees, employees or agents) arising out of or relating to this enrollment agreement or, absent such agreement, your enrollment or attendance at SU, whether such dispute arises before, during, or after your attendance and whether the dispute is based on contract, tort, statute, or otherwise, shall be, at your or SU’s election, submitted to and resolved by individual binding arbitration pursuant to the terms described herein.

If you decide to initiate arbitration, you may select either, JAMS or the National Arbitration Forum (“NAF”) to serve as the arbitration administrator pursuant to its rules of procedure. If SU intends to initiate arbitration, it will notify you in writing by regular mail at your latest address on file with SU, and you will have 20 days from the date of the letter to select one of these organizations as the administrator. If you fail to select an administrator within that 20-day period, SU will select one.

SU agrees that it will not elect to arbitrate any individual claim of less than \$5,000 that you bring in small claims court (or in a similar court of limited jurisdiction subject to expedited procedures). If that claim is transferred or appealed to a different court, however, or if your claim exceeds \$5,000, SU reserves the right to elect arbitration and, if it does so, you agree that the matter will be resolved by binding arbitration pursuant to the terms of this Section.

IF EITHER YOU OR SU CHOOSES ARBITRATION, NEITHER PARTY WILL HAVE THE RIGHT TO A JURY TRIAL, TO ENGAGE IN DISCOVERY, EXCEPT AS PROVIDED IN THE APPLICABLE ARBITRATION RULES, OR OTHERWISE TO LITIGATE THE DISPUTE OR CLAIM IN ANY COURT (OTHER THAN IN SMALL CLAIMS OR SIMILAR COURT, AS SET FORTH IN THE PRECEDING PARAGRAPH, OR IN AN ACTION TO ENFORCE THE ARBITRATOR’S AWARD). FURTHER, YOU WILL NOT HAVE THE RIGHT TO PARTICIPATE AS A REPRESENTATIVE OR MEMBER OF ANY CLASS OF CLAIMANTS PERTAINING TO ANY CLAIM SUBJECT TO ARBITRATION. THE ARBITRATOR’S DECISION WILL BE FINAL AND BINDING. OTHER RIGHTS THAT YOU OR SU WOULD HAVE IN COURT ALSO MAY NOT BE AVAILABLE IN ARBITRATION.

The arbitrator shall have no authority to arbitrate claims on a class action basis, and claims brought by or against you may not be joined or consolidated with claims brought by or against any other person. Any arbitration hearing shall take place in the federal judicial district in which you reside. Upon your written request, SU will pay the filing fees charged by the arbitration administrator, up to a maximum of \$3,500 per claim. Each party will bear the expense of its own attorneys, experts and witnesses, regardless of which party prevails, unless applicable law or this Agreement gives a right to recover any of those fees from the other party. If the arbitrator determines that any claim or defense is frivolous or wrongfully intended to oppress the other party, the arbitrator may award sanctions in the form of fees and expenses reasonably incurred by the other party (including arbitration administration fees, arbitrators’ fees, and attorney, expert and witness fees), to the extent such fees and expenses could be imposed under Rule 11 of the Federal Rules of Civil Procedure.

The Federal Arbitration Act (“FAA”), 9 U.S.C. §§ 1, *et seq.*, shall govern this arbitration provision. This arbitration provision shall survive the termination of your relationship with SU. If you have a question about the arbitration administrators mentioned above, you can contact them as follows: JAMS, 45 Broadway, 28th Floor, New York, NY, 10006, www.jamsadr.com, 800-352-5267; National Arbitration Forum, P.O. Box 50191, Minneapolis, MN, 55405, www.arb-forum.com, 800-474-2371.

Signature