

APPLICANT REFERENCE FORM

South University Anesthesiologist Assistant Program

709 Mall Boulevard
Savannah, GA 31406

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

TO THE APPLICANT: Complete the following information and send it to the person who has agreed to complete it for you. Include a stamped envelope addressed to the Program Office at the above address.

APPLICANT'S NAME: _____ DATE: _____

REFERENCE'S NAME _____

NOTE TO APPLICANT AND REFERENCE REGARDING CONFIDENTIALITY: Under the Family Educational Rights and Privacy ACT of 1974, students are given the right to inspect their educational records, including letters of recommendation. The applicant may waive that right if desired. Please select one of the following options and sign and date to indicate your selection.

- I expressly waive my rights to have access to this letter of recommendation under the Family Educational Rights and Privacy Act of 1974, or any other law regulation or policy.
- I do NOT waive my right to access this letter of recommendation

Signature of Applicant: _____ DATE _____

TO THE INDIVIDUAL PROVIDING REFERENCE: This individual is applying for admission to a Master of Medical Science degree program that will prepare him/her for a career delivering anesthesia for the complete range of patient ages and degree of health for, all types of surgical procedures, as a member of the Anesthesia Care Team. This is a highly responsible position providing direct patient care during surgical procedures. The program is an intensive 28 months of classroom, laboratory and clinical activities. As a student, and after graduation as a practitioner, the applicant must have unquestionable integrity. Please complete the following assuming that someday this applicant may be delivering anesthesia to one of your family. Your candid evaluation of this applicant is greatly appreciated.

PLEASE PROVIDE THE FOLLOWING CONTACT INFORMATION (Chair if Committee evaluation):

NAME: _____ DEGREE _____

TITLE: _____

INSTITUTION OR BUSINESS: _____

ADDRESS: _____

DAYTIME TELEPHONE NUMBER (_____) _____

E-MAIL ADDRESS _____

HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

IN WHAT CAPACITY HAVE YOU KNOWN THE APPLICANT?

Please mark the following analog scale (with a solid dot or an X) for each category indicating this applicant's position relative to other students' who you have known who entered into health professions that required direct patient care responsibilities. Leave blank those categories for which you have no knowledge about the applicant.

	WORST I HAVE EVER KNOWN	AVERAGE	BEST I HAVE EVER KNOWN
INTELLECTUAL ABILITY	_____	_____	_____
WORK EFFECTIVELY WITHIN A TEAM	_____	_____	_____
VERBAL COMMUNICATION	_____	_____	_____
COMPASSION AND EMPATHY	_____	_____	_____
WRITING ABILITY	_____	_____	_____
CREATIVITY	_____	_____	_____
SELF-STARTER	_____	_____	_____
ACCEPTANCE OF RESPONSIBILITY	_____	_____	_____
MATURITY	_____	_____	_____
DEPENDABILITY	_____	_____	_____
COMMON SENSE	_____	_____	_____
LEVEL OF ORGANIZATION	_____	_____	_____
PERSISTENCE	_____	_____	_____

PLEASE MARK THE FOLLOWING INDICATING YOUR OVERALL IMPRESSION:

- RECOMMEND AS EXCEPTIONAL RECOMMEND HIGHLY RECOMMEND
- RECOMMEND WITH RESERVATIONS RECOMMEND WEAKLY CANNOT RECCOMEND
- Please have a Program Director call me concerning this applicant.
- I have attached an additional page to help with your evaluation of this applicant.
- This is a composite committee evaluation. This is an individual's evaluation.

SIGNATURE _____ DATE _____

TELEPHONE NUMBER (_____) _____ Best time to call _____

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NARRATIVE STATEMENT

(Please type or print legibly in black ink.)

Use the front and back of this form (if necessary) to provide the Admission's Committee with information concerning:

1. The goal or intent of your undergraduate major.
2. If you changed majors as an undergraduate, explain why.
3. What are you specifically looking for in a career as an Anesthesiologist Assistant?

APPLICANT NAME: _____ Telephone (_____) _____

ANESTHESIA LITERATURE SUMMARY

(Please type or print legibly in black ink.)

All applicants are required to read and summarize, on this page, an article of their choice from the current anesthesia literature. The article may be a clinical investigation, laboratory investigation, or a review article, but not a case report. Please choose an article from one of the following journals (**You may be charged a fee for an article**):

1. ANESTHESIOLOGY published by Lippincot Williams and Wilkins
Website <http://www.anesthesiology.org>
2. ANESTHESIA AND ANALGESIA published by Lippincot Williams and Wilkins
Website <http://www.anesthesia-analgesia.org>
3. JOURNAL OF CLINICAL ANESTHESIA published by Elsevier Science
Website <http://elsevier.com/locate/jcaonline>

Be prepared to discuss the article that you chose during the interview process.

APPLICANT NAME: _____ Telephone (____) _____

Journal Name _____

Vol _____ No _____ Month _____ Year _____ Pages _____ to _____

Title of the Article _____

DOCUMENTATION OF EXPOSURE TO ANESTHESIA PRACTICE IN THE OPERATING ROOM

All applicants are required to spend at least 8 hours in the operating room to observe the practice of surgical anesthesia. The purpose of this activity is to expose the applicant to the patient-anesthetist interaction, technology involved in anesthesia delivery, manual skills associated with anesthesia care and the level of responsibility for the patient. The applicant is responsible for contacting a local anesthesiologist and arranging to spend at least 8 hours with the anesthesiologist, an anesthesiologist assistant or a nurse anesthetist. These requirements may be satisfied by an individual who has worked in an anesthesia department or has had an anesthesia rotation as part of previous clinical training.

APPLICANT NAME: _____ Telephone (_____) _____

How are you satisfying the requirement for exposure to anesthesia practice?

I have worked/ volunteered in an anesthesia department for _____ Months / Years
(circle) (circle)

Job title _____

I have had a rotation in an anesthesia department as part of my clinical training in:

Program _____ Date(s) _____

At (Institution) _____
Name City State

I have spent at least 8 hours with an anesthesiologist or anesthetist in the operating room observing the administration of anesthesia on: DATE _____

Complete the information below regardless of which box was checked. Ask the person who supervised your experience to sign and date the verification below.

NAME _____ TITLE _____

INSTITUTION _____
Name City State

SUPERVISOR'S SIGNATURE _____ DATE _____

DAYTIME TELEPHONE NUMBER (_____) _____

E-MAIL ADDRESS _____

**APPLICANT'S ATTESTATION TO THE ACCURACY OF
THE INFORMATION PROVIDED ON THE
APPLICATION FORM, PERMISSION TO RELEASE
INFORMATION AND PENALTY FOR FALSIFICATION.**

APPLICANT NAME: _____ Telephone (_____) _____

I have read and understood all sections of the program description and application for admission to the anesthesiologist assistant program at South University. I declare that all information that I have provided is complete and true. I hereby consent and permit agents of South University to contact those persons and entities whose names are set forth as references or otherwise specified in the application, to verify the information that I have provided. I hereby consent to the provision/release to South University of such information by those persons and entities who may be contacted in these regards, and I hereby release any such persons/entities from any claims that I may have with regard to such information and further agree and covenant not to sue such persons/entities on account of any disclosure by them of this information. I agree that, if accepted to this South University Anesthesiologist Assistant program I will abide by all rules and regulations of South University and their parent company Educational Management Corporation (EDMC). Furthermore, I understand and agree that providing false or incomplete information in this application, or in support of this application, is just cause for disqualification of (failure to further consider) my application or in the case of my acceptance into the program, for immediate dismissal from South University.

SIGNATURE: _____

DATE: _____

CONSENT TO OBTAIN RESULTS OF CRIMINAL BACKGROUND CHECK

APPLICANT NAME: _____ Telephone (_____) _____

Due to the nature of the practice of anesthesia, which includes responsibility for the lives and well being of patients and having continual access to controlled substances, individuals with criminal records are generally not suitable candidates for participation in the Anesthesiologist Assistant Program. Applicants must complete, date and sign the release form below and submit with their completed application. Results from the background check will be used in evaluating the applicant's eligibility for admission.

I, _____ (print full name), hereby give permission to South University through its agents and employees to access data resulting from a criminal background check that I will provide. Further, I give permission to South University to share the information gained from said background check with the Anesthesiologist Assistant program for use in evaluating eligibility for admission and participation, and to provide to any of its clinical education sites for purposes of fulfilling participation requirements with said clinical education sites.

Signature: _____ Date: _____

I WITNESS HEREOF

Date

NOTARY SEAL:

****BACKGROUND CHECK MUST BE PERFORMED THROUGH
www.certifiedbackground.com . CODE IS OU99. THERE IS A \$35 FEE.****

LABORATORY STUDIES RELEASE

In consideration for acceptance in the anesthesiologist assistant program, I agree to participate in the performing of such minor laboratory procedures as may be required for the purpose of learning such procedures. I recognize that I may be the subject or the person performing the test. I have the right to refuse to participate without any penalties.

I understand the procedures might include injections, the drawing of blood from the vein, starting IV infusions or the sticking of the end of the finger. I further understand that the procedures will be carried out in the laboratory setting and through the use of currently acceptable clinical techniques. I also understand that students as well as members of the university faculty will perform the procedures, but that a member of the faculty well qualified in these procedures will be present during the performance of these techniques.

I further agree to release the University, its officers, faculty, staff and participating students from any damages sustained as a result of participation in any of the above described laboratory procedures.

SIGNATURE: _____

DATE: _____

South University

Image/Likeness/Voice/Words Release Form

Grant

I hereby irrevocably give to South University, and its parent and affiliated companies and schools, including without limitation Education Management LLC (collectively, the "Schools"), and the Schools' assigns, licensees and successors the right to photograph, film and/or videotape me and/or to otherwise record my image and/or likeness, to quote me, to record my words and to use, publish, display, reproduce, copy and distribute my image and/or likeness, voice and words, in all forms of media now known or later developed, including composite or modified representations and including on the Internet, for promotional activities for the Schools, including advertising, direct mail, catalogs, websites, exhibitions, film festivals and classroom presentations, throughout the world and in perpetuity. The Schools are permitted, although not obligated, to include my name in connection with my image and/or likeness, voice and words. I waive the right to inspect or approve versions of my image and/or likeness used for publication or the written copy that may be used in connection therewith and agree that the Schools shall not be liable to me for any distortion or illusionary effect resulting from the use, publication or display of my image or likeness. The Schools are not obligated to utilize any of the rights granted in this Agreement. I agree that I shall have no ownership of or other rights in the photographs, film, videotapes or other recordings of my image and/or likeness, voice and words taken or made by or on behalf of the Schools. I understand that the Schools shall not be responsible for unauthorized duplications/use of my image and/or likeness, voice and words by third parties on the Internet or otherwise.

Release

I release the Schools and the Schools' assigns, licensees and successors from any claims that may arise regarding the use of my image and/or likeness, voice and words, including any claims of defamation, invasion of privacy, or infringement of moral rights, rights of publicity or copyright.

Signature

I have read, understand and agree to the terms of this Agreement.

Name: (print) _____ Date: _____

Signature: _____

Address: _____

Student ID Number (if applicable): _____

Parent/Guardian Consent [Please execute if the subject of this Release is under 18 years of age.]

I am the parent or guardian of the minor named above, who is aged _____. I have the legal right to consent to and do consent to the terms of this Agreement.

Parent/Guardian Name (print) _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Address: _____

APPLICATION CHECKLIST

It is the applicant's responsibility to inform the office of any change in address or telephone numbers, including the effective dates of the change. The program office will not be responsible for lost or missed communications due to the failure of the applicant to provide a change of address or telephone numbers and their effective dates.

PLEASE USE THIS CHECKLIST TO CONFIRM THE STATE OF YOUR APPLICATION. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR INTERVIEWS.

- Application form is complete
- Arbitration agreement is signed
- Current passport photo is attached to the first page of the application in the box provided.
- Three reference forms have been sent/ given to appropriate persons.
- GRE score reports have been sent to South University (South University Code is 5157).
- MCAT scores have been sent to South University
- Official transcripts have been requested from all colleges/universities that you attended.
 - All GPA' s (Science and Overall) have been calculated
- Narrative statement has been enclosed.
- Anesthesia literature summary has been enclosed.
- Documentation of exposure to surgical anesthesia has been completed and enclosed.
- Completed criminal background check done through: www.certifiedbackground.com (\$35 fee)
- OR**
- Consent form to obtain results of completed criminal background check by Certified Background signed and notarized
- Media release signed and dated, and enclosed with the application.
- Laboratory studies release signed and dated, and enclosed with the application.
- Applicant's attestation has been signed and enclosed.
- Check for application fee of \$ 50.00 has been enclosed.