

Anesthesia Shadow Verification Form

Dear Anesthesia Colleague,

As part of the admission process for the Nurse Anesthesia program at the University of Kansas, we require students to complete an anesthesia shadow experience. The intent of requiring applicants to spend time with an experienced anesthesia provider is to allow them to experience 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 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 other application materials. Thank you for taking the time to share our profession with a potential nurse anesthesia student.

Sincerely,

The Admissions Committee
University of Kansas Nurse Anesthesia Program

I verify that _____ has completed an Anesthesia Shadow Day in the OR and has had the opportunity to ask questions about the Nurse Anesthesia Profession.

Hospital Name: _____

Anesthesia Provider Name (please print): _____

Anesthesia Provider Signature: _____

Date: _____