**CRNA Shadowing Verification Form**

Dear CRNA colleague,

As part of the admission process for the Doctor of Nursing Practice – Nurse Anesthesia Emphasis at the University of Wisconsin – Oshkosh, we require students to shadow a Certified Registered Nurse Anesthetist (CRNA). The shadow experience is intended to provide prospective program candidates insight into the profession and practice of CRNA’s. There are no minimum shadowing hours. The program is looking for a quality shadow experience.

Please complete this form and return it to the applicant in a sealed envelope with facility name and address printed on it. The applicant is responsible for submitting this form with his/her/their application.

Thank you for taking time to share the CRNA profession with potential future nurse anesthetists.

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shadowing date(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate the number of hours of shadowing the applicant completed with a CRNA providing direct

patient care. \_\_\_\_\_\_\_\_\_\_\_

**Please select all experiences the applicant had during the shadowing process:**

[ ]  Discussed roles and responsibilities of CRNA

[ ]  Observed preoperative assessment and preparation of patient

[ ]  Observed induction of general anesthesia

[ ]  Observed invasive line placement

[ ]  Observed regional anesthesia

[ ]  Observed intraoperative monitoring and anesthetic management

[ ]  Observed emergence from general anesthesia

[ ]  Observed post-operative assessment and hand-off

(Over)

**Please rate the applicant’s level of interest in engaging with the shadowing process:**

[ ] Excellent [ ] Very Good [ ]  Good [ ]  Poor [ ] Very Poor

**Please rate the applicant in the following areas, based on your limited time with them:**

Ability to understand information provided

[ ] Excellent [ ] Very Good [ ]  Good [ ]  Poor [ ] Very Poor

Ability to ask relevant questions

[ ] Excellent [ ] Very Good [ ]  Good [ ]  Poor [ ] Very Poor

**Please provide any other information about your observations of the applicant you feel might be helpful to the admissions panel below:**

CRNA Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRNA Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CRNA email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_