



Doctor of Nursing Practice – Nurse Anesthesia Program

Record of Critical Care Experience

Applicant Name: _____

Last, First (Print or type)

(Last 4 numbers of SSN)

Please describe your current primary site of employment:

How many beds are in your current critical care unit?	1-5		6-10		11 – 20	>250
Approximately how many hours per week are you working?	10-20	21-30	31-40	41-50	51-60	> 60
How many beds are in the hospital in which you currently work?	1-50	51-100	101-150	151-200	201-250	>250
Type of Critical Care Unit	Medical	Surgical	Cardiovascular	Neurologic	Trauma	Other
How long have you worked in the unit described above?	> 6 months	6-12 months	12-18 months	18-24 months	24-36 months	< 36 months

Please indicate your skill level in the following areas:

Critical Care Skills	Independent	With Assistance	Limited	None
Physical Assessment				
EKG Interpretation				
Codes (ACLS / ATLS)				
Central Hemodynamic Invasive Monitoring				
Arterial Lines				
Ventilator Management				
Vasoactive Infusion Management				
Intra-aortic Balloon Pump Management				
Other:				