



Shadow Verification Form

Dear Colleague,

The Bellarmine University Nurse Anesthesia Program requires applicants to shadow a Certified Registered Nurse Anesthetist (CRNA) as part of the application process. This shadow experience is intended to provide prospective program candidates with insight into the Nurse Anesthesia profession. Please verify the information below and return the completed form to the applicant. Thank you for participating in this shadowing experience and sharing the Nurse Anesthesia profession with potential future Nurse Anesthetists.

Applicant Name: _____

Shadowing Date(s): _____ Number of Hours: _____

Facility: _____

The applicant observed the following (*select all that apply*):

- | | |
|---|--|
| <input type="checkbox"/> Preoperative assessment and patient preparation | <input type="checkbox"/> Induction of general anesthesia |
| <input type="checkbox"/> Intratoperative monitoring and anesthetic management | <input type="checkbox"/> Emergence from general anesthesia |
| <input type="checkbox"/> Regional anesthesia techniques | <input type="checkbox"/> Postoperative assessment |

Comments:

CRNA Name: _____ CRNA Signature: _____

To Be Completed by Applicant:

Describe what you observed during this experience and your understanding of the role of the CRNA:

