Dear CRNA Colleague,

The Kaiser Permanente School of Anesthesia/California State University Doctor of Nursing Practice Nurse Anesthesia program requires applicants to shadow a CRNA for a minimum of 8 hours as part of the application process. This shadow experience is intended to provide prospective program candidates with insight into the profession and practice of Nurse Anesthetists.

Please complete the following information and return the form to the program applicant. The applicant is responsible for submitting this form with his/her application.

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

Applicant Name: ________________________________________________________________

I verify that the applicant named above has completed ____________ hours of shadowing with a CRNA providing direct patient care and has had the opportunity to ask questions about the profession and practice of nurse anesthesia.

Please select all experiences the applicant had during this shadowing time:

☐ Discussed the roles and responsibilities of a CRNA
☐ Observed preoperative assessment and patient preparation
☐ Observed induction of general anesthesia
☐ Observed invasive line placement
☐ Observed regional anesthesia
☐ Observed intraoperative monitoring and anesthetic management
☐ Observed emergence from general anesthesia
☐ Observed postoperative assessment and handoff
☐ Other experiences: __________________________________________________________

Shadowing Date(s): _____________________________________________________________

Facility: _________________________________________________________________

CRNA Name: ______________________________________________________________

CRNA Signature: ___________________________________________________________

CRNA Email Address: _______________________________________________________

CRNA Shadowing Verification Form