

SUNY Upstate Medical University College of Nursing



**Registered
Nurse First
Assistant**

Application for Admission to the Registered Nurse First Assistant (RNFA) Program

\$40 application fee enclosed; check payable to "SUNY Upstate".
(Fee is waived for current Upstate nursing students.)

PLEASE TYPE OR PRINT LEGIBLY

I am applying for the **RNFA Class Entering Fall** _____
Year

1. Name in full _____ 2. Sex: Female Male
Last First Middle

3. If you have educational records under a different name, give former name(s) _____

4. Permanent Address _____
No. & Street County
City State Zip Code

5. Permanent Telephone No. (_____) _____ Local or Cell Phone No. (_____) _____
Area Code Area Code

6. Current Address _____
No. & Street County
City State Zip Code

7. Business Telephone, if employed (_____) _____ 8. Social Security No. _____ - _____ - _____
Area Code Days Evenings Nights (Optional)

9. Fax No. (_____) _____ 10. E-mail Address _____
Area Code

11. Date of Birth ____/____/____ 12. Place of Birth _____
Mo. Day Yr.

13. Citizenship: U.S. Citizen Permanent Resident Other (specify visa category) _____
Are you a legal resident of New York State? Yes No

14. If you wish to identify yourself as a member of an ethnic/racial group, please indicate:
 African American, not of Latino origin Latino, not of Puerto Rican origin White, not of Latino origin Mexican
 Native American/Alaskan Native Asian/Pacific Islander Puerto Rican Other: _____
(specify)

15. Registered Nurse License Number: _____ State _____ Expiration _____

16. Nurse Practitioner License Number: _____ State _____ Expiration _____

17. Board Certified? Yes (Cert. Number:) _____ CNOR Certified? Yes (Cert. Number:) _____

18. List all colleges and universities, including SUNY Upstate Medical University, regardless of whether credit or a degree was obtained.
Submit official transcripts of all institutions listed. *Reapplicants: note schools attended since previous application.*

Name of Institution	Date Entered (Month/Year)	Date Left (Month/Year)	Degree or Certificate Received or expected (Month/Year)	Major Subject	Credits Completed	GPA

19. List names and addresses of those you are asking to send letters of recommendation (faculty, supervisor, and/or colleague) who can comment on your academic and/or clinical ability to function as an RNFA and who can attest to your experience as an RN and to your knowledge, judgment and skills specific to the surgical patient. **One letter must be from a supervisor or surgeon knowledgeable about your competencies.**

Name _____ Position _____

Name _____ Position _____

Name _____ Position _____

20. List your membership in honorary/professional societies, scholarships received, prizes or recognition received, articles published, etc. (Use additional sheets, if necessary.)

21. Employment History. List most recent position first. Limit to five most recent positions.

Dates		Employer/Agency	City and State	Position	Specialty	a) Full Time or b) Number of hrs./wk. if part time
From	To					

22. List any previous perioperative experience:

Date	Place	Role/Experience

23. Please TYPE your responses to the following topics on a separate sheet(s) of paper.

- 1) Your reason for entering the RNFA program.
- 2) Discuss your ultimate career goal.

I certify that the information I have submitted here is complete and correct to the best of my knowledge and belief.

Date

Signature of applicant

PLEASE RETURN THIS APPLICATION TO:

**Office of Student Admissions, 1215 Weiskotten Hall
SUNY Upstate Medical University, 766 Irving Ave., Syracuse, New York 13210**

The Personal Privacy Protection law requires this notice to be provided when collecting personal information from individuals. The information on this admission application will be used by SUNY Upstate Medical University College of Nursing to evaluate your request for admission. Failure to provide the requested information could prevent your application from being processed. The authority to request this information is found in Section 355 (2) (i) of the Education Law.

The State University of New York Upstate Medical University does not discriminate on the basis of race, religion, sex, sexual orientation, color, age, national origin, disability, marital status, or veteran status, in the recruitment and employment of faculty, staff, or in the operation of any programs or activities, as specified by Federal, and State laws and regulations. For more information, contact Upstate Medical University's Office of Diversity and Affirmative Action Office in 412 Jacobsen Hall, or call 315-464-5234.

Letter of Recommendation

Name of Applicant _____

Registered Nurse First Assistant Program

Name of Reference _____



SUNY Upstate Medical University College of Nursing

To the Applicant:

Please follow the letter of recommendation guidelines which appear in this booklet and complete this section before submitting this form to your reference.

In accordance with the provisions of the Family Educational Rights and Privacy Act of 1974

(P.L. 93 - 390, as amended, with specific reference to Section 438 (a)(1)(B) and Subtitle A, sections 99.7, 99.11, and 99.12)

I DO DO NOT waive my right of access to and review of this letter of reference I am requesting.

Signature of Student

Date

To the Reference:

The applicant named above has applied for admission to SUNY Upstate Medical University College of Nursing.

We are interested in obtaining information that will aid us in selecting capable students. It is important that students who are selected be able to complete their academic work successfully, and also possess the personal qualifications essential for competent professional performance.

The applicant has selected you as someone who can give us such an appraisal. We would appreciate your candid evaluation of the applicant's qualifications for acceptance to the program. The pending application will be considered incomplete until your response is received.

I. Acquaintance with Applicant:

How long and in what capacity have you known this applicant?

II. Comments: In the space below (use an extra sheet if needed), please add any descriptive comments that will aid in providing a complete picture of the applicant's abilities and potential to function in the role of RNFA, including knowledge and skills specific to the surgical patient.

III. Personal and Professional Appraisal: (Please check the category which best indicates your evaluation of the applicant in terms of the listed characteristics.)

Characteristics	Superior	Above Average	Average	Below Average	No Basis for Evaluation**
A. Academic Potential					
B. Leadership					
C. Professional Competence*					
D. Sense of Responsibility					
E. Ability To Work with People					
F. Rapport with Patients*					
G. Ability To Adapt to New Situations					
H. Ability To Work Independently					
I. Reliability					
J. Oral Communication					
K. Written Communication					
L. Ability To Analyze Problems and Solve Them Effectively					
M. Ability To function in stressful or emergency situations					

* This category should be completed only by those who have had an opportunity to observe the applicant in a health care setting.

** This indicates you have not had the opportunity to observe the applicant in a situation demonstrating this characteristic.

IV. Recommendation for Acceptance:

- Strongly recommend Recommend with reservations as noted in the comment section
 Recommend Do not recommend

PLEASE TYPE OR PRINT

Your Name: _____

Title: _____ Professional Credential: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Date: _____ Signature: _____

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response.

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Clinical Preceptor

Name of Applicant _____

Registered Nurse First Assistant Program

Name of Surgeon Preceptor _____



SUNY Upstate Medical University College of Nursing

To the Applicant:

As part of the application process you **are required** to submit to the admissions office the following signed agreement from a board certified surgeon to act as a preceptor during your second semester clinical practicum. **This letter must be accompanied by a copy of the surgeon's credentials, including current license and American Board certificate.** Admission to the RNFA program cannot be granted until this letter has been received. Please fill in the return information below.

To the Surgeon Preceptor:

Please sign and return to applicant.

Applicant's Name _____

Address _____

City _____ State _____ Zip _____

I agree to:

- Act as the named student's preceptor for the spring 200____ semester (January to April), during which the student must accumulate 225 hours of clinical experience. The student will be under my supervision for 200 hours in an RNFA role, including preoperative, intra-operative and post operative patient management.

In addition, 25 of the 225 clinical hours must include the following experiences:

1. Time with an infection control nurse.
 2. Postoperative rounds with the preceptor surgeon on a patient you assisted with in surgery if possible.
 3. Observing the pathologist examining tissue and doing a frozen section.
 4. Seeing patients with the preceptor in the office.
 5. Time in radiology reading relevant films.
- Provide the student with the opportunity to gain experience in using intra-operative skills such as hemostasis, tissue retraction/exposure, using surgical instruments and suturing.
 - **Participate in the in the evaluation of the student's progress. By March 15 of the spring semester, 75 of the 225 clinical hours must be completed** by the student and a mid term evaluation (to be provided by the College), must be completed by the preceptor for the purpose of determining that the student is making satisfactory progress in acquiring the skills necessary to function in the RNFA role. Additionally, a final evaluation of the student's clinical performance must be completed.

I **HAVE attached copies of my credentials including current license and American Board certificate.**

Surgeon Preceptor Signature _____ Date _____

License # _____ Board certificate # _____

Statement of Nurse Practitioner or Nurse of the Operating Room (CNOR) Certification Eligibility

Name of Applicant _____

Registered Nurse First Assistant Program



SUNY Upstate Medical University College of Nursing

To the Applicant:

I understand that in order to be admitted to the RNFA program **I must currently be CNOR certified or eligible or nurse practitioner certified or eligible**. If I am not currently certified in one of these areas I understand that I must present proof of certification before completion of the RNFA program, or I will not be able to complete the program.

Note: The following pages detail eligibility for CNOR certification.

Nurse Practitioner Certification Eligibility

- I am currently licensed as a nurse practitioner and meet ANCC or AANP guidelines for national board certification.
- I am currently eligible for NP board certification.

CNOR Certification Eligibility

- I am CNOR certified.
- I am CNOR certified and have completed a minimum of two years and 2400 hours of surgical practice.

Please identify (from the list on the following page) the registered nurse role that you currently practice:

I understand that I may apply to the RNFA program as NP or CNOR eligible.

I understand that I must be *NP or CNOR certified before completion* of the RNFA program.

Signature _____ Date _____

Eligibility Requirements

Registered Nurse First Assistant Program



SUNY Upstate Medical University College of Nursing

In order to be admitted to the RNFA program you must currently be either CNOR certified or eligible OR nurse practitioner certified or eligible. If you are not currently certified in one of these areas you must present proof of a certification before completion of the RNFA program. Failure to do so will result in an inability to complete the RNFA program.

In order to be eligible for board certification as a nurse practitioner you must have graduated from an approved program of study and be currently licensed to practice. See ANCC or AANP guidelines if you are unsure of your eligibility, and then complete the enclosed eligibility confirmation statement and return to the admissions office.

In order to be eligible for certification as a CNOR, the following criteria must be met to sit for the exam and at the time of application to the RNFA program. Please review them and then complete the enclosed CNOR eligibility confirmation statement and return to the admissions office.

Eligibility for CNOR Certification

You must have completed a minimum of TWO YEARS and 2400 hours of surgical practice by the application deadline.

Without exception, you must meet ALL the following requirements by the application deadline:

You must be currently licensed, without provision or condition, as a registered nurse in the country where you're currently practicing surgical nursing.

You must have completed a minimum of two years and 2400 hours of surgical practice as a registered nurse in an administrative, teaching, research, or general staff capacity, either full- or part-time. (See eligible RN roles listed below.)

You must be currently employed in surgical nursing, either full- or part-time.

The following registered nurses are considered ELIGIBLE for CNOR certification:

- Staff nurse
- Surgical services administrative nurse manager
- Surgical services nursing coordinator
- Assistant surgical services supervisor
- Surgical services director
- Surgical services information technology specialist
- Surgical services budget and finance manager
- Surgical services central processing manager
- Surgical services materials manager
- Surgical services quality assurance coordinator/auditor
- Surgical services head nurse
- Surgical services assistant head nurse
- Surgical services team leader
- Surgical services charge nurse
- Perioperative educator or staff development director (whether teaching registered nurses, student nurses, or surgical technologists)
- Private RN scrub nurse
- RN first assistant
- Perioperative administrative supervisor
- Medical-surgical instructor in perioperative nursing
- Perioperative clinical nurse specialist or nurse clinician
Full-time student who meets applicant status requirements
- Perioperative nurse consultant
- Individual who handles the perioperative role in a noninvasive/invasive procedure setting, such as a radiology suite, a cardiac cath lab, an office surgery setting, or an endoscopy suite
- Clinical education consultant (who provides in-service programs to operating room staff)
- Case manager

Eligibility Requirements

Registered Nurse First Assistant Program



SUNY Upstate Medical University College of Nursing

The following registered nurses are considered **INELIGIBLE** for CNOR certification:

- Nurse anesthetist (eligible only if functioning as a perioperative nurse)
- PACU nurse or manager (eligible only if relieving in the operating room as needed or has responsibility for operating room/surgical services)
- Emergency room nurse
- Operating-room labor and delivery nurse (eligible only if surgical procedures such as Caesarean sections are done in delivery room)
- RN sales representative (eligible only if performing the role of perioperative nurse part-time or the role of perioperative educator, i.e., providing in-service programs)
- Director or assistant director of nursing service (eligible only if directly responsible for the operating room)
- RN hospital administrator/assistant administrator (eligible only if directly responsible for operating room/surgical services)
- Nurse in surgical care or surgical rehabilitation units
- ICU or coronary-care-unit nurse
- Infection control nurse/nurse epidemiologist (eligible only if directly responsible for operating room/surgical services)
- Veterinary operating-room nurse
- Cardiopulmonary perfusionist (eligible only if performing the role of perioperative nurse)
- Nurse with inactive licensure and/or graduate nurse status
- Graduate nurse operating-room experience cannot be considered equal to professional (RN) operating-room-nurse experience.

If, after reviewing this material you are still unsure if you are CNOR eligible, contact AORN's credentialing institute for clarification:

COMPETENCY & CREDENTIALING INSTITUTE (CCI)
2170 South Parker Road, Suite 295
Denver, CO 80231

Phone: (303) 369-9566 or (888) 257-2667

Fax: (303) 695-8464

Email: info@cc-institute.org

www.cc-institute.org