

# **Nurse Anesthesia Shadowing Documentation Form**

### Instructions

Please complete this form to verify that you have participated in a shadowing experience with a practicing Certified Registered Nurse Anesthetist (CRNA). You must complete 40 hours of shadowing experiences prior to applying to the Program. It is highly recommended that you shadow more than 1 CRNA and to shadow the CRNAs' for their entire shift. Please complete separate forms for each shadowing experience you complete and return it to the UT Tyler Nurse Anesthesia Admissions Coordinator along with your application.

Applicant Name:	Date:
Length of Time:	Facility:
Types of Surgeries:	
Types of Anesthesia:	

## Check all that apply, not all are required as each shadowing experience is unique:

- □ Observed preoperative interview and preparation for case.
- □ Observed Induction of General Anesthesia with provider.
- □ Observed Administration of MAC Anesthesia or Regional Anesthesia.
- □ Observed intraoperative management of anesthesia (General, MAC, Regional).
- $\Box$  Observed emergence of anesthesia.
- □ Observed PACU hand-off report.
- □ Discussed a typical day for a CRNA along with roles and responsibilities of the CRNA.

## **CRNA Information**

I verify that the above-named applicant has indeed participated in this shadowing experience.

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

### Applicant Reflections of the Experience: