

## 119TH CERTIFICATION EXAMINATION

### 2012 Transcript of Student Record

Nurse Anesthesia Program Code #  AANA ID #

First Name  Middle Name  Last Name

Current Street Address  City  State  ZIP Code

Telephone with Area Code  Date of Birth (MM/DD/YYYY)  Social Security Number

School of Basic Nursing Preparation  Year Graduated (YYYY)

RN License Number  Expiration Date (MM/DD/YYYY)  State of Licensure

Nurse Anesthesia Program

City  State  Length in Months  Date Completed (MM/DD/YYYY)

### Anesthesia Program Information

Degree Awarded  Major

Post-Master's Certificate Awarded: Yes  No  Doctorate: Required  Optional  (If doctorate optional, was degree awarded? Yes  No )

#### Academic Record

The minimum required hours appear in parentheses.  
No field can contain a zero.

	Hours
1. Professional Aspects of Nurse Anesthesia Practice (45)	
2. Anatomy	
Physiology	
Pathophysiology	
(135)	
3. Pharmacology of Anesthetic Agents and Adjuvant Drugs	
Chemistry	
Biochemistry	
(105)	
4. Basic and Advanced Principles of Anesthesia Practice	
Physics	
Equipment	
Technology	
Pain Management	
(105)	
5. Research (30)	
6. Clinical Correlative Conferences (45)	
<b>Total (465)</b>	

As of the date of my signature below, I affirm that this transcript contains a complete and accurate record of the above-named student's academic coursework and clinical experience in the above-named accredited nurse anesthesia program. I further affirm that the student has completed all of the academic and clinical requirements necessary for completion of an accredited nurse anesthesia program.

Program Director Signature

Date

As of the date of my signature below, I have read this transcript and it is a complete and accurate record of my academic coursework and clinical experience in the above-named accredited nurse anesthesia program.

Candidate Signature

Date

**Note:** If this transcript is submitted prior to the date listed for completion of the program, a Program Completion Verification Form must also be submitted by the Program Director on or after the official completion date of the program.

## 2012 Record of Clinical Experience

Codes: ( ) = Minimum Required Cases [ ] = Preferred Number of Cases

Review the academic and clinical experience records to make sure that all information and numbers are accurate and achievable. The minimum didactic and clinical requirements must be met or the candidate will not be eligible to write the National Certification Examination.

No field can be left blank.

First  Last  AANA ID#  Program Code#

		Number			Number
<b>I. Total Number of Anesthesia Cases</b>		<b>(550)</b>			
II. Total Hours of Anesthesia Time					
III. Total Clinical Hours					
IV. Patient Physical Status					XX
A. Class I					
B. Class II					
<b>C. Classes III &amp; IV</b>		<b>(100)</b>			
D. Class V		[5]			
V. Special Cases					XX
<b>A. Geriatric (65+ years)</b>		[100] <b>(50)</b>			
B. Pediatric					XX
<b>a. 2-12 years</b>		[75] <b>(25)</b>			
<b>b. under 2 years</b>		[25] <b>(10)</b>			
c. Neonate (under 4 weeks)		[5]			
<b>C. Trauma/emergency</b>		[50] <b>(30)</b>			
<b>D. Ambulatory/outpatient</b>		<b>(100)</b>			
<b>E. Obstetrical management</b>		[40] <b>(30)</b>			
<b>1. Caesarean delivery</b>		[15] <b>(10)</b>			
<b>2. Analgesia for labor</b>		[15] <b>(10)</b>			
VI. Position Categories					XX
<b>A. Prone</b>		<b>(20)</b>			
<b>B. Lithotomy</b>		<b>(25)</b>			
<b>C. Lateral</b>		<b>(5)</b>			
<b>D. Sitting</b>		<b>(5)</b>			
VII. Anatomical Categories					XX
<b>A. Intra-abdominal</b>		<b>(75)</b>			
<b>B. Extrathoracic</b>		<b>(15)</b>			
<b>C. Extremities</b>		<b>(50)</b>			
<b>D. Perineal</b>		<b>(15)</b>			
E. Head					XX
<b>1. Extracranial</b>		<b>(15)</b>			
<b>2. Intracranial</b>		[20] <b>(5)</b>			
<b>3. Oropharyngeal</b>		<b>(20)</b>			
<b>F. Intrathoracic</b>		[40] <b>(15)</b>			
<b>1. Heart</b>		[10] <b>(5)</b>			
<b>2. Lung</b>		<b>(5)</b>			
3. Other					
<b>G. Neck</b>		[10] <b>(5)</b>			
<b>H. Neuroskeletal</b>		<b>(20)</b>			
<b>I. Vascular</b>		[20] <b>(10)</b>			
J. Other					
VIII. Pharmacological Agents					XX
<b>A. Inhalation agents</b>		<b>(200)</b>			
<b>B. Intravenous induction agents</b>		<b>(200)</b>			
<b>C. Intravenous agents – muscle relaxants</b>		<b>(200)</b>			
<b>D. Intravenous agents – opioids</b>		<b>(200)</b>			
IX. Methods of Anesthesia					XX
<b>A. General anesthesia</b>		<b>(350)</b>			
B. Induction, maintenance, emergence					XX
<b>1. Intravenous induction</b>		<b>(200)</b>			
<b>2. Inhalation induction</b>		[25] <b>(10)</b>			
<b>3. Mask management</b>		[40] <b>(25)</b>			
<b>4. Laryngeal mask airways</b> (or similar devices)		[40] <b>(25)</b>			
5. Tracheal intubation					XX
<b>a. Oral</b>		<b>(200)</b>			
b. Nasal		[10]			
<b>6. Total intravenous anesthesia</b>		[25] <b>(10)</b>			
<b>7. Emergence from anesthesia</b>		<b>(200)</b>			
<b>C. Monitored anesthesia care</b>		[50] <b>(25)</b>			
D. Regional techniques					XX
<b>1. Management</b>		<b>(30)</b>			
<b>2. Administration (Total of a, b, c)*</b>		<b>(25)</b>			
a. Spinal		[50] <b>(1)</b>			
b. Epidural		[50] <b>(1)</b>			
c. Peripheral		[40] <b>(1)</b>			
X. Arterial Technique					XX
<b>A. Arterial puncture/catheter insertion</b>		<b>(25)</b>			
<b>B. Intra-arterial blood pressure monitoring</b>		<b>(25)</b>			
XI. Central Venous Pressure Catheter					XX
<b>A. Placement (Total of 1, 2)</b>		[10] <b>(5)</b>			
1. Actual					
2. Simulated					
<b>B. Monitoring</b>		<b>(15)</b>			
XII. Pulmonary Artery Catheter					XX
A. Placement		[5]			
B. Monitoring		[10]			
XIII. Other					XX
<b>A. Intravenous catheter placement</b>		<b>(100)</b>			
<b>B. Mechanical ventilation</b>		<b>(200)</b>			
<b>C. ACLS – Expiration date (MM/YY):</b> _____					
<b>D. PALS – Expiration date (MM/YY):</b> _____					
E. Pain management (acute/chronic)		[10 cases]			
<b>F. Alternative airway management techniques</b> <b>(Total of 1, 2)</b>		[40] <b>(10)</b>			
<b>1. Fiberoptic techniques</b> <b>(Total of a, b, c)</b>		[15] <b>(5)</b>			
a. Actual placement					
b. Simulated placement					
c. Airway assessment					
<b>2. Other techniques</b>		[25] <b>(5)</b>			

\*Students must have experience in each category