The University of South Dakota Nurse Anesthesiology 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 CRNAs.

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 CRNAs!

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 CRNA profession and practice.

☐ Discussed the roles and responsibilities of CRNAs
☐ Observed the preanesthesia assessment and patient/room preparation
☐ Observed induction of general anesthesia
☐ Observed intraoperative monitoring and anesthetic management
☐ Observed emergence from general anesthesia
☐ Observed postoperative assessment and handoff
☐ Observed invasive line placement
☐ Observed regional anesthesia
☐ Other experiences (please list):

Shadow Date(s):
Facility:
Printed CRNA Name:
CRNA signature:
CRNA email address: