

**University of Evansville Nurse Anesthesia Program**  
**Anesthesia Shadow Verification Form**

Dear Anesthesia Colleague,

As part of the admission process for the University of Evansville Nurse Anesthesia Program, we request that applicants participate in anesthesia shadowing experiences. The intent of requesting this experience is to allow applicants to gain an understanding of a “day in the life” of an anesthesia provider. During this experience, we hope the applicant will be able to gain insight into the many positive aspects of the nurse anesthesia profession, as well as potential challenges.

Please complete the information below and return this form to the applicant, who is responsible for submitting it with his/her application materials. Thank you for taking the time to share our profession with a potential nurse anesthesia student.

Sincerely,

Dr. Melissa Eisenhauer, DNP, CRNA  
Director, University of Evansville Nurse Anesthesia Program

I verify that \_\_\_\_\_ has completed an “Anesthesia Shadowing” experience and has had the opportunity to ask questions about the nurse anesthesia profession.

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hours Spent in Shadowing Experience \_\_\_\_\_

If you have any comments or concerns following this shadowing experience, please share them here:

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Anesthesia Provider Name (Please Print): \_\_\_\_\_

Anesthesia Provider Signature: \_\_\_\_\_

**Please print and upload completed forms to the University of Evansville Nurse Anesthesia Program application in NursingCAS.**