



## Biographical Form for COA Director Applicants – 2020

Instructions: Complete form in full.

I wish to have my name considered for nomination to the Council on Accreditation of Nurse Anesthesia Educational Programs (COA) for the following position:

\_\_\_ **CRNA Educator Director**

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**Name & Credentials (Highest Degree)**

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**Phone Number**

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**E-Mail**

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**AANA Member # (if applicable)**

(If applicable) Do you currently serve on:

NBCRNA	___ Yes	When does your term end? _____	No
AANA Foundation	___ Yes	When does your term end? _____	No
AANA Board of Directors	___ Yes	When does your term end? _____	No
Any AANA Committee	___ Yes	When does your term end? _____	No
Have you submitted your name for appointment to a FY2021 AANA committee? ___ Yes			No

**Brief Description of Present Employment Position - include major clinical, teaching, or practice area, employment setting, and responsibilities:**

*Only complete applications containing the following documents will be considered.*

- *Signed Letter of Intent to Serve, including Statement about Previous Experiences with Accreditation*
- *Signed Letter of Recommendation*
- *Up-to-Date Curriculum Vitae (Resume)*
- *Biographical Form*

Submit your complete application to [accreditation@coacrna.org](mailto:accreditation@coacrna.org).  
Please use position title as subject line.