



## Biographical Form for COA Director Applicants – 2021

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:

\_\_\_ **Healthcare Administrator Director**

\_\_\_\_\_  
**Name & Credentials (Highest Degree)**

\_\_\_\_\_  
**Phone Number**

\_\_\_\_\_  
**E-Mail**

\_\_\_\_\_  
**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 FY2022 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**
- **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.**