



Biographical Form for COA Director Applicants – 2022

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

CRNA Practitioner Director

Public 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 FY2023 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.
Please use position title as subject line.