



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 University Administrator

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.**