



## Biographical Form for COA Director Applicants – 2023

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 FY2024 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 - Include comments on your association with an accredited nurse anesthesia program, if any, as well as a statement of your commitment to the COA's Values. (The COA's values are listed on the "About COA" webpage.)**
- **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.