



Biographical Form for COA Director Applicants

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:

___ Educator Director

Practitioner 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 an 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.
Please use position title as subject line.