



## 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

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**Name & Credentials (Highest Degree)**

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**Phone Number**

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**E-Mail**

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**AANA Member # (if applicable)**

**(If applicable) Do you currently serve on:**

NBCRNA	<input type="checkbox"/> Yes	When does your term end?	_____	No
AANA Foundation	<input type="checkbox"/> Yes	When does your term end?	_____	No
AANA Board of Directors	<input type="checkbox"/> Yes	When does your term end?	_____	No
Any AANA Committee	<input type="checkbox"/> Yes	When does your term end?	_____	No
Have you submitted your name for appointment to an AANA committee?			<input type="checkbox"/> 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@coacrn.org](mailto:accreditation@coacrn.org).  
Please use position title as subject line.