

**IFNA Accreditation Grant Application 2015**

**FOR NURSE ANESTHESIA**

**PROGRAM ACCREDITATION**

**by the**

**International Federation of Nurse Anesthetists’ (IFNA)**

**Education Committee on Behalf of IFNA**

**Introduction:**

The International Federation of Nurse Anesthetists (IFNA) is a global

organization representing the specialty of nurse anesthetists. The IFNA Bylaws

(Article VII) definition of Nurse Anesthetist is:

“A nurse anesthetist is a person who has completed a program of basic

nursing education and a formal and/or actively pursuing a formal basic

nurse anesthesia education and is qualified and authorized in his/her

country to practice nurse anesthesia”.

The title “nurse anesthetist” may vary from country to country and the IFNA

Council of National Representatives (CNR) recognizes that other titles such as:

anesthesia nurse, nurse specialist in anesthesia, advanced practice nursing in

anesthesia, etc. may be used to define the specialty.

IFNA has developed a program approval process with three categories of

approval. Programs are to apply for only one category. This application is for

Level #3, IFNA Accreditation, which includes a pledge for the program to meet

the IFNA Educational Standards for Preparing Nurse Anesthetists to the best of

its ability. The program selected for the grant will be asked to submit its

curriculum and related material in a written self study for review by the Education

Committee. The information will also evaluated by a team of onsite visitors to

determine if it meets the Educational Standards.

Following a successful accreditation process, the program’s identity, title of

award, and curriculum will be posted on IFNA’s website with a statement that

IFNA has reviewed the curriculum, reviewed a self study, conducted an on-site

visit to the program and determined the program substantially meets all of the

Educational Standards. The website will note that the program has substantially

met the Educational Standards as determined by a full review of the program

including a written self study and on-site review.

Title of certificate awarded: IFNA Anesthesia Education Program Accreditation.

**Instructions:**

A copy of IFNA’s Educational Standards for Preparing Nurse Anesthetists and

IFNA’s Anesthesia Program Approval Process (APAP) Operational Policies and

Procedures are posted on IFNA’s website at www.ifna-int.org. It is strongly

recommended that the Educational Standards and policies and procedures be

reviewed prior to the completion of this form.

Nurse anesthesia programs applying for accreditation by IFNA are to complete

this form. When submitting the form to the IFNA Executive Office, it should be

accompanied by appropriate documentation to support what is said about the

program in the application. For example, copies of course descriptions should be

submitted in support of a written description of the curriculum. The application

form requires the name of the Program Director who will be the contact for IFNA

in the processing of the application.

It is requested that the completed “IFNA Accreditation Grant Application”

form be submitted by e-mail to the IFNA Executive Office at

**ifna.rod@wanadoo.fr.** **The following items are to be submitted:**

1. A completed IFNA Accreditation Grant Application form
2. Information about the program’s curriculum as follows:
   1. Admission requirements limited to nurses
   2. The year the program began and the number of graduating classes
3. where students have graduated from essentially the same
4. curriculum
   1. Course Titles
   2. Length of Program
   3. Degree or certificate awarded to graduates
   4. A statement that addresses how accreditation will benefit the program.
   5. A pledge by the program that it will cooperate with the IFNA Education

Committee in meeting timelines is required.

**Please submit all of the items on this list in English by e-mail to the IFNA**

**Executive Office at ifna.rod@wanadoo.fr.**

**Notification of Eligibility for IFNA Accreditation:**

You will be notified if your program is, or is not, selected to participate in the

IFNA Accreditation Grant project. The selected program will be instructed to start

the self-study process in preparation for an on-site visit.

Thank you!

**IFNA ACCREDITATION GRANT APPLICATION**

Official Name of Applicant Nurse Anesthesia **Program**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Information about the nurse anesthetist **Program Director:**

Name:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address (or P.O. Box)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: (Country Code, City Code and number)

Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: (please indicate if number is home or work)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If there is no telephone or fax number, please list a name and

number of an alternate contact (include Country Code, City

Code and number)

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IFNA Educational Standards and Program Approval Policies**

(1) The goal of IFNA’s approval process is to encourage programs to

comply with IFNA’s Educational Standards for Preparing Nurse

Anesthetists through an approval process that takes cultural

differences into consideration. Please review the IFNA Educational

Standards for Preparing Nurse Anesthetists and the IFNA

Anesthesia Program Approval Process (APAP) Operational Policies

and Procedures manual posted on IFNA’s website prior to

submitting this application to determine if your program is eligible

for accreditation and willing to meet the requirements.

(2) Does your nurse anesthesia program (the applicant program) meet

requirements to be considered for accreditation?

1. Yes\_\_\_\_
2. No\_\_\_

(3) Does the anesthesia program require that students have

completed a basic nursing education program of at least 36

months in length prior to admission?

1. Yes\_\_\_\_
2. No\_\_\_

(4). Does the anesthesia program require that students have

obtained nursing experience of at least one (1) year,

preferably in an acute care setting prior to admission?

1. Yes\_\_\_\_
2. No\_\_\_

(5). Does your nurse anesthesia program pledge to meet IFNA’s

Educational Standards and program approval policies?

1. Yes\_\_\_\_
2. No\_\_\_

(6) Has the program been denied registration, recognition or

accreditation by a governmental or nongovernmental

accreditation or quality assurance entity at any time?

1. Yes\_\_\_\_
2. No\_\_\_

**General Information about Education requirements for Entry into**

**Basic Nursing Education and Practice in your country.**

(1) Briefly describe the educational and other requirements for entry

into basic nursing education in your country.

(2). What is the minimum age for entry into a basic nursing educational

program? \_\_\_\_\_\_

(3) What are the number of years (or months) required to successfully

complete the basic nursing education?

1. 2 years\_\_\_\_\_or months\_\_\_\_\_\_
2. ii. 3 years\_\_\_\_\_or months\_\_\_\_\_\_
3. iii. 4 years\_\_\_\_\_or months\_\_\_\_\_\_

(4) Is licensure required to practice as a professional nurse?

1. Yes\_\_\_\_
2. ii. No\_\_\_\_\_

(5) If yes, is this by examination

1. Yes\_\_\_\_
2. No\_\_\_\_

(6) If no, how is the nurse recognized as a professional? (Please check (X) all that apply).

1. The Ministry of Health\_\_\_\_
2. The Ministry of Education\_\_\_
3. Other\_\_\_\_

**General information about Nurse Anesthesia Educational**

**Programs and Requirements in your country.**

(1) Are there other nurse anesthesia education programs in your

country?

1. Yes\_\_\_\_
2. ii. No\_\_\_\_
3. iii. If yes, what is the number of schools? \_\_\_\_\_\_

(2). Are the programs (Check (X) all that apply.)

1. National\_\_\_\_
2. Local\_\_\_\_\_
3. Regional\_\_\_\_\_
4. Private\_\_\_\_

(3). Are the programs (schools) approved?

1. Yes\_\_
2. ii. No\_\_\_
3. iii. If yes, by whom are they approved?

(4) Is the nurse anesthesia educational program’s curriculum

standardized throughout the country?

1. Yes\_\_\_
2. ii. No\_\_\_

**National Nurse Anesthesia Association**

Official contact person for national association

Name:

Street Address (or P.O. Box)

City

Country

E-mail address: (if available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information about your Nurse Anesthesia Program that is**

**applying for IFNA Accreditation (Applicant Program)**

(1) Briefly describe the educational and other requirements for entry

into your nurse anesthesia educational program. This should

include: years of nursing experience, type of nursing experience

required, pre-entry evaluations, testing, dossier, etc. (Please list all

of the requirements).

(2) What is the length of your nurse anesthesia educational program?

1. \_\_\_\_\_\_years
2. \_\_\_\_\_\_months.

(3) Who establishes the standards and educational requirements for

your nurse anesthesia educational program?

(4) Describe the content of your nurse anesthesia educational

program, including the amount of theory and clinical experience.

Please include an example of the curriculum and a list of course

titles.

**Credentials**

(1) What type of credential is offered upon successful completion of the

applicant nurse anesthesia educational program?

1. Certificate\_\_\_\_\_
2. Diploma\_\_\_\_\_
3. Degree\_\_\_\_\_
4. Other\_\_\_\_\_

(2) Is this credential

1. Local\_\_\_\_\_\_
2. ii. Regional\_\_\_\_\_
3. iii. National\_\_\_\_\_

(3) Is this credential recognized

1. Yes\_\_\_\_
2. ii. No\_\_\_\_

(4) If yes, by whom is it recognized?

(5) Is there a continuing education requirement following completion of

the nurse anesthesia educational program?

1. Yes\_\_\_\_
2. ii. No\_\_\_\_
3. iii. If yes, briefly explain:

**Signature & title of authority responsible for the nurse anesthesia program**

(Officer in charge):

**Signature & title of nurse anesthesia Program Director:**

**NOTE**: Signatures indicate that the program pledges to cooperate with the IFNA

Education Committee in meeting deadlines for the IFNA Accreditation Grant.