

**ELIGIBILITY APPLICATION**

**FOR NURSE ANESTHESIA**

**PROGRAM Recognition**

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 to determine eligibility for **IFNA Recognition**,which includes a pledge for the program to meet the IFNA *Educational Standards for Preparing Nurse Anesthetists* to the best of its ability. The pledge includes the signature of the anesthesia program director and the highest institutional official. After the program is notified that it is eligible for recognition, the program will be asked to submit its curriculum and related material for review by the Education Committee. Following a successful recognition 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, and related material and determined the program substantially meets the Educational Standards. Title of certificate awarded: IFNA Anesthesia Education Program Recognition.

**Instructions:**

A copy of IFNA’s Educational Standards for Preparing Nurse Anesthetists (2016) and IFNA’s Anesthesia Program Approval Process (APAP) Operational Policies and Procedures are posted on IFNA’s website at:

https://ifna.site/ifna-accreditation-program/approval-process-for-nurse-anesthesia-programs/

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 recognition 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 can 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.

1. It is requested that the completed “IFNA Eligibility Application for Nurse Anesthesia Program Recognition” form be submitted by e-mail.
2. A completed IFNA Eligibility Application form.
3. Information about the program’s curriculum as follows:
   1. Admission requirements
   2. Course Titles / Curriculum
   3. Length of Program
   4. Degree or certificate awarded to graduates

Please submit all of the items on this list by e-mail to the IFNA Executive Office at [ifna.rod@wanadoo.fr](mailto:ifna.rod@wanadoo.fr).

**Notification of Eligibility for IFNA Recognition:**

You will be notified if your program is, or is not, eligible to seek IFNA Recognition. Eligible programs will be instructed to start the process.

Thank you!

**IFNA ELIGIBILITY APPLICATION FOR**

# NURSE ANESTHESIA PROGRAM RECOGNITION

**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:

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **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* (2016) 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 recognition and willing to meet the requirements.
   2. Does your nurse anesthesia program (the applicant program) meet requirements to be considered for recognition?
      1. Does the anesthesia program require that students have completed a basic nursing education program of at least 36 months in length prior to admission?

Yes

No

If no, what are the entry requirements?

* + 1. 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?

Yes

No

* + 1. Does your nurse anesthesia program pledge to meet IFNA’s Educational Standards and program approval policies?

Yes

No

* + 1. Has the program been denied registration, recognition or accreditation by a governmental or nongovernmental accreditation or quality assurance entity at any time?

Yes

No

1. **General Information about Education requirements for Entry into Basic Nursing Education and Practice in your country, if applicable.**
   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?

2 years or months

3 yearsor months

4 years or months

* 1. Is licensure required to practice as a professional nurse?

Yes

No

If yes, is this by examination

Yes

No

* + 1. If no, how is the nurse recognized as a professional? (Please check (X) all that apply).

The Ministry of Health

The Ministry of Education

Other

e. Does your program admit non – nurses

Yes

No

f. Describe the entry requirements for non-nurses

1. **General information about Nurse Anesthesia Educational Programs and Requirements in your country.**
   1. Are there other nurse anesthesia education programs in your country?

Yes

No

If yes, what is the number of schools?

* 1. Are the programs (Check (X) all that apply

National

Local

Regional

Private

* 1. Are the programs (schools) approved?

Yes

No

If yes, by whom are they approved?

* 1. Is the nurse anesthesia educational program’s curriculum standardized throughout the country?

Yes

No

## National Association

## Is there a national nurse anesthesia organization in your country?

## Yes

## No

## Official contact person for national association: (This individual should be a nurse anesthetist with whom the IFNA might contact).

Name:

Title:

Street Address (or P.O. Box):

Code:

Country:

Telephone: (Country Code, City Code and number)

Home:

Work:

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

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

E-mail address: (if available)

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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Information about your Nurse Anesthesia Program that is applying for IFNA Recognition (Applicant Program)**
   1. Briefly describe the educational and other requirements for entry into your anesthesia educational program. This should include: years of nursing experience, type of nursing experience required, other type of pre-entry education, pre-entry evaluations, testing, dossier, etc. (Please list all of the requirements).
   2. What is the length of your nurse anesthesia educational program?

Years

Months.

* 1. Who establishes the standards and educational requirements for your anesthesia educational program?
  2. Describe the content of your anesthesia educational program, including the amount of theory and clinical experience. Please include an example of the curriculum and a list of course titles.

1. **Credentials**
   1. What type of credential is offered upon successful completion of the applicant nurse anesthesia educational program?

Certificate

Diploma

Degree

Other

* 1. Is this credential

Local

Regional

National

* 1. Is this credential recognized

Yes

No

If yes, by whom is it recognized?

* 1. Is there a continuing education requirement following completion of the nurse anesthesia educational program?

Yes

No

If yes, briefly explain:

Signature & title of authority responsible for the nurse anesthesia program

(Officer in charge):

Signature & title of nurse anesthesia Program Director:

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Approved: June 2009

Effective: June 1, 2009

Revised: June 2018