



SCHOOL OF NURSING POLICY

Policy Name: Outside Activity for Events

Approval Authority: Rutgers School of Nursing Faculty

Responsible Executive: Executive Vice Dean

Responsible Office: Nurse Anesthesia Specialty Track

Adopted: 10/06/20

Last Reviewed: 5/6/24

Revisions: N/A

1. **Policy Statement:** To ensure a fair and equitable treatment of our Resident Nurse Anesthetists (RRNA) among and between cohorts as well as individual residents.

2. **Who Should Read this Policy:** faculty, administration, and Nurse Anesthesia Residents.

3. **Resources and Related Documents:**

Council on Accreditation of Nurse Anesthesia Educational Programs (COA).

Standard for Accreditation of Nurse Anesthesia Programs, February 2024

Standard for Accreditation of Nurse Anesthesia Programs-Practice Doctorate, February 2024

<https://www.coacrna.org/wp-content/uploads/2024/03/Standards-for-Accreditation-of-Nurse-Anesthesia-Programs-Practice-Doctorate-editorial-rev-February-2024-1.pdf>

School of Nursing Student Policies

<http://nursing.rutgers.edu/policies/index.html>

4. **Policy:** Resident Nurse Anesthetists (RRNA) must disclose all outside activity in regard to any attendance of events on-campus or off-campus that are not directly planned and conducted by the Nurse Anesthesia Program. These include any event in which RRNA's are attending as a Rutgers Nurse Anesthesia Program resident and/or representing the RNAP.

5. **Procedure:** At time of registration or receipt of invitation, Nurse Anesthesia Residents must submit this form to program administration for final approval.

Rutgers Health Nurse Anesthesia Program - Outside Activity for Events Form

Nurse Anesthesia Resident must submit this form at time of registration or receipt of invitation to program administration for final approval.

RRNA Name: (print) _____

Event Name: _____

Date of Invitation/ Registration: _____

Length of Event: _____

Event Location: (address) _____

Sponsor or Event: _____

Does this event fulfill a Nurse Anesthesia Resident Program attendance requirement?

Yes: _____ No: _____

RRNA Signature: _____ Date: _____

Assistant Program Director Signature: _____ Date: _____

Program Director Signature: _____ Date: _____