



## SCHOOL OF NURSING POLICY

**Policy Name:** Outside Activity

**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 activity on-campus, off-campus and/or online that are not directly planned and conducted by the Nurse Anesthesia Program. These include any activities in which RRNA's are attending/participating as a Rutgers Nurse Anesthesia Program resident and/or representing the RNAP.

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

## **Rutgers Health Nurse Anesthesia Program - Outside Activity Form**

*Nurse Anesthesia Resident must submit this form prior to initiation, registration or receipt of invitation to program administration for final approval.*

RRNA Name: (print) \_\_\_\_\_

Activity Name: \_\_\_\_\_

Date of Invitation/Initiation/Registration: \_\_\_\_\_

Length of Activity: \_\_\_\_\_

Activity Location: (address) \_\_\_\_\_

\_\_\_\_\_

Sponsor of Activity: \_\_\_\_\_

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: \_\_\_\_\_