

The CAA Application *Playbook.*

Everything an aspiring Certified Anesthesiologist Assistant needs to apply well: the timeline, what programs weigh, and the answers panels are listening for.

- Start here: most applications aren't rejected
- 1 The 12-month application timeline
- 2 What programs actually weigh
- 3 Letters & shadowing checklists
- Feature: the room you're applying to work in
- 4 10 interview questions, answered
- 5 The science cheat sheet
- 6 Studying twelve months without burning out
- 7 Why this works, and where to check us

START HERE

Most applications aren't rejected. They're *out of order*.

There is a version of this process where you do everything right and still lose the cycle. You take the prerequisites. You study for the exam. You write a personal statement you're proud of. And then in April you discover that the program you most wanted requires a course you didn't take, that your recommender needed six weeks and you gave her two, and that the committee filled half its seats before your file was verified.

Nothing in that story is a failure of effort. It's a failure of sequence, and sequence is the one part of this you can learn in an afternoon.

That's what this document is. Not motivation, and not a shortcut. It's the order of operations for the year in front of you: what to do first because everything else depends on it, what to start early because it depends on other people, and what to stop worrying about because it isn't weighted the way you assume.

The applicants who struggle usually aren't the least capable ones. They're the ones who found out about a requirement three months too late to do anything about it.

WHO THIS IS FOR

Anyone weighing or actively pursuing the CAA path: a junior mapping out prerequisites, a recent graduate deciding between anesthesia routes, someone leaving another career entirely. Career-changers in particular tend to assume they're behind. Usually they're not; they just haven't seen the map.

HOW TO USE IT

Read it once, straight through

Twenty minutes. You'll finish knowing what the year asks of you.

Then print two pages

The timeline and the letters & shadowing checklist. Those are the working documents.

Come back to the drills

Ten minutes at a time, out loud, in the months before interviews.

WHAT'S IN HERE

The timeline	Twelve months, worked backward from the CASAA deadline, with what slips first called out.
The weighting	What programs screen on, and how to read an admissions page without missing the rule that matters.
The checklists	Letters and shadowing, step by step, plus an outreach email you can send today.
The interview	Ten questions with what separates a strong answer from a weak one, and how to rehearse them.
The science	Gas laws, dose math, and physiology as cover-and-answer drills.
The study plan	A five-hour week you can repeat for fifty of them, and the habits that keep it alive.

One promise about what follows: everything here is the common pattern across programs, with its sources named on the last two pages. Where we don't know something (and there's plenty no one outside a committee knows), we say so rather than filling the gap with confidence.

CHAPTER ONE

The 12-month timeline.

Most applications don't fail on merit. They fail on sequence: a letter requested three weeks too late, a prerequisite that didn't post in time. Work backward from your CASAA deadline.

12 mo out	Audit your candidacy honestly Cumulative GPA and science GPA, calculated separately, plus every prerequisite you still owe. Name the two weakest items; those are your year's project.
10 mo out	Pick your exam, then book the date Programs take the MCAT or GRE; check which each of yours accepts. A booked date beats a study plan.
8 mo out	Build the program list Across the accredited programs, pick a few Likely, several Possible, one or two Reach. Record every deadline, prereq list, and exam policy now.
6 mo out	Shadow a CAA Most programs expect documented hours with a practicing CAA, and interviewers ask what you observed. Access is the bottleneck, so start outreach early.
4 mo out	Request your letters Recommenders who have watched you work or study up close. Give each one your CV, your "why," and the exact deadline.
3 mo out	Draft the personal statement Write it, then cut it in half. One concrete scene will do more work than three paragraphs of ambition.
2 mo out	Submit early CASAA transcript processing and verification take weeks, and many programs review on a rolling basis. Submitting on the deadline is submitting late.
0–3 mo	Interview season Rehearse out loud, on camera, until your "why" fits in one breath.

WHAT SLIPS FIRST

Letters and shadowing. Both depend on someone else's calendar, so start them one full step earlier than feels necessary.

IF YOU'RE STARTING LATE

Protect two things: an exam date on the calendar and a complete file. A strong application next cycle beats a rushed one this cycle.

THREE RULES THE WHOLE TIMELINE RESTS ON

Measure before you plan

Your two GPA numbers and your prereq gaps decide the shape of the year. Get them on paper in week one.

Book what depends on others first

Exam seats, shadowing days, letters. These have queues; your essay doesn't.

Finish early, on purpose

Build in four weeks of slack. Something will go wrong, and slack is what turns a crisis into an inconvenience.

CHAPTER TWO

What programs actually weigh.

No two programs score identically, and none publish a formula. But across published admission criteria the same factors recur, and they are not weighted the way most applicants assume.

FACTOR	WHY IT CARRIES WEIGHT
Science GPA	The first screen. Most programs set floors around 3.0; competitive files run higher. Recent, rigorous science matters more than an old rough semester. An upward trend is an argument.
Prerequisites	Completion and recency. Some programs age out coursework older than 5–10 years; some want Organic II, others biochem. Verified line-by-line, per program.
Interview	Where borderline files get decided. Scientific reasoning out loud, an accurate picture of the care-team role, and a "why" that sounds like yours.
MCAT / GRE	A common bar, not a trophy. Check which exam each program takes and its typical range, then hit the range and spend the surplus hours elsewhere.
Shadowing	Proof you understand the role you're asking to train for, and the raw material for your interview answers. Hours with a CAA specifically carry the most signal.
Letters	A professor or supervisor who can describe how you reason outweighs a more senior name who can only confirm you were present.
Experience	Patient-facing or hands-on hours (EMS, tech, scribe, research, military) aren't required everywhere, but they translate directly into interview credibility.

THE MISTAKE ALMOST EVERYONE MAKES

Applicants over-invest in the number they can't move quickly (an old GPA) and under-invest in the three they can move this year: exam score, shadowing depth, and interview readiness. Weight your effort toward what's still in play.

Fixed this cycle

Cumulative GPA, degree, completed coursework. Don't spend the year fighting these. Frame them instead.

Movable this cycle

Exam score, outstanding prereqs, shadowing hours, letter quality. This is where the year goes.

Movable this month

Interview readiness and how clearly you explain your "why." The cheapest points on the board.

HOW TO READ A PROGRAM'S ADMISSIONS PAGE

- 1 Separate **minimums** from **averages**. A 3.0 floor and a 3.5 entering average are two different targets, and only one of them tells you whether you're competitive.
- 2 Find the **recency rule** before anything else. If your prerequisites expire, that changes your whole year.
- 3 Note which **exam** they accept, and whether a score is required or merely considered.
- 4 Check whether review is **rolling**. If it is, your submission date is part of your application.
- 5 Write the **deadline** down somewhere you'll see it weekly — not in a browser tab.

CHAPTER THREE

Letters & shadowing.

The two tasks that depend on other people's calendars, which is exactly why they're the two that run late. Print this page.

LETTERS OF RECOMMENDATION

- ☐ Identify recommenders who have directly observed your work: a science professor, a research PI, a clinical supervisor or manager.
- ☐ Ask in person or by call, not by text. Give them room to decline.
- ☐ Send a packet: your CV, your goal, one paragraph on why anesthesia, and the exact deadline and CASAA submission link.
- ☐ Remind them once a week out, and once two days out. Politely, every time.
- ☐ Confirm each letter was received — not just sent. Verify in the portal yourself.
- ☐ Write a thank-you note afterward. You may need these same people next cycle.

SHADOWING A CAA

- ☐ Finding a CAA to shadow is the hard part. Start with programs' own suggestions, the AAAA community, and any hospital contact you already have. If you work in healthcare, ask your facility's anesthesia department first.
- ☐ Complete observer paperwork, HIPAA training, and badge requirements early; they take longer than the shadowing itself.
- ☐ Aim for a full day rather than a few hours. You want induction through emergence, not a glimpse.
- ☐ Watch the decisions rather than the tasks: how the plan changes when the patient changes, and how the CAA and anesthesiologist communicate.
- ☐ Write one page of reflection that night. This becomes your interview answer.
- ☐ Log the date, hours, site, and provider name for your application.

COPY THIS: SHADOWING OUTREACH, IN SIX LINES

Subject: Shadowing request, prospective CAA student

Dear [Name], I'm applying to CAA programs for the 2026-27 cycle and I'm hoping to observe a CAA at work. I've completed [prereqs / degree] and I'm preparing for the [MCAT/GRE]. I can be flexible on dates and I'm happy to complete any observer paperwork, HIPAA training, or badging your facility requires. Even a single OR day would be enormously helpful. Thank you for considering it. [Name], [phone]

Short, specific, and easy to say yes to. Send it to five people rather than one, and follow up once after ten days.

If no one answers

Widen the ask. Surgery centers, university hospitals, and program alumni all count, and a CRNA or anesthesiologist day still teaches you the room even if CAA hours carry more weight.

What to bring

Closed-toe shoes, no fragrance, and a notebook you write in afterward rather than during. Introduce yourself once, then stay out of the way.

FEATURE

The room you're applying to work in.

Before the timeline and the drills, it's worth being precise about the job itself, because a vague picture of the role is the single most common reason a strong applicant interviews badly.

A surgical case doesn't begin in the operating room. It begins the day before, when someone reads a chart and decides what this particular body will tolerate. A patient with poorly controlled diabetes and a history of sleep apnea is a different anesthetic problem than a healthy nineteen-year-old having a knee scoped, and the plan has to say so before anyone scrubs in.

That planning (the assessment, the airway strategy, the drug selection, the monitoring decisions) is the substance of anesthesia practice. In the **anesthesia care team model**, it's work a Certified Anesthesiologist Assistant does under the direction of a physician anesthesiologist, who leads the team and may be supervising several rooms at once.

The word "assistant" does the profession no favors. It suggests handing over instruments. What it describes is a master's-trained anesthetist who induces patients, secures airways, manages ventilation and hemodynamics through a case, titrates drugs against a body that is constantly changing, and brings the patient safely back out, in constant communication with the anesthesiologist directing the plan.

Induction is the part most people picture. It's also the part that goes fastest. Within a few minutes, a conscious person stops breathing on their own, and someone has to take over that job with a mask and a tube. Then the case settles, and the work becomes something closer to sustained attention: pressures

drift, blood is lost, the surgeon asks for more relaxation, a rhythm changes. Most of a case is quiet. The skill is being the person who notices the fifteen seconds that aren't.

This is why interviews lean on gas laws and physiology rather than anesthesia trivia. Nobody expects you to know drug dosing yet; you'll learn that. They want evidence that when a number moves, you reason about *why* rather than reaching for a memorized response.

It's also why shadowing matters more than its hour count suggests. An applicant who has stood in the room can describe a decision they watched someone make. An applicant who hasn't tends to describe how interesting it all sounds. Panels hear that difference immediately.

Worth saying plainly: this is not a lesser version of another job. CAAs and CRNAs are both anesthetists, trained differently and arriving by different routes, and in many hospitals they work side by side doing the same clinical work. What distinguishes the CAA path is where it starts: any bachelor's degree with the science prerequisites, rather than a nursing degree and critical-care experience, practiced within the physician-led care team.

Which brings us back to why sequence matters. The year ahead isn't difficult because the material is exotic. It's difficult because a dozen things have to happen in a particular order, several of them depend on other people's calendars, and the cost of learning that late is an entire cycle.

So: the map, then the work.

SAY IT THIS WAY

"CAAs are master's-trained anesthetists who develop and deliver the anesthetic plan within a physician-led care team." Accurate, complete, and one sentence, which is exactly what an interview wants.

NOT THIS WAY

"It's basically the same as a CRNA but faster." Two errors in eight words: it flattens a real distinction in training and route, and it implies you chose the path to save time.

Scope of practice and supervision requirements vary by state and by facility. Confirm the specifics for anywhere you intend to train or work; the sources on page 12 are the place to start.

CHAPTER FOUR

Ten questions, and what a strong answer sounds like.

Panels aren't testing anesthesia you haven't learned yet. They're testing how you reason with the science you already have, and whether you understand the role.

1. Why do you want to be a CAA?

✓ **STRONG:** a specific moment you witnessed, then the through-line to the care-team role and the science. ✗ **WEAK:** salary, schedule, or "I didn't get into med school."

2. Why CAA over CRNA, PA, or physician?

✓ **STRONG:** accurate contrasts (route in, care-team model, timeline) with respect for every path; the panel works on mixed teams. ✗ **WEAK:** disparaging nursing or "it's faster."

3. What does the anesthesia care team look like?

✓ **STRONG:** physician-led; the CAA develops and manages the anesthetic plan under the anesthesiologist's direction, and you can say what that looked like when you shadowed.

4. Walk me through a problem you solved under pressure.

✓ **STRONG:** situation, your reasoning named out loud, action, result, and what you'd change. Keep each beat to about one breath.

5. By Boyle's law, what happens to pressure when volume falls?

✓ **STRONG:** inverse relationship at constant temperature, then one applied sentence on why a gas cylinder's gauge behaves the way it does. Reasoning out loud beats the bare answer.

6. What did you see when you shadowed?

✓ **STRONG:** a decision the CAA made and why it mattered. ✗ **WEAK:** "it was really interesting."

7. What's your greatest weakness?

✓ **STRONG:** a real one, plus the concrete system you built to manage it. ✗ **WEAK:** a humblebrag.

8. How will you handle the intensity of a 24–28 month program?

✓ **STRONG:** evidence you've planned finances, support, and schedule. Show you've done the math.

9. Tell me about a time you failed academically. What changed?

✓ **STRONG:** own it without excuses, then the specific study system that fixed it, and the grade trend that proves it.

10. Why our program?

✓ **STRONG:** something only true of them: clinical sites, format, cohort size, connected to how you learn.

HOW TO REHEARSE THESE

Record yourself answering three at random, on camera, with no notes. Watch it once. The gap between what you meant and what you said is the whole exercise.

TWO THINGS TO NEVER DO

Don't memorize a script; panels hear it instantly. And don't guess at a clinical fact you don't know. "I don't know, but here's how I'd reason about it" scores better than a confident error.

EXPECT THE FOLLOW-UP

Most of these questions have a second half: "why?", "what would you do differently?", "what if the patient were 80 instead of 40?" Panels probe to see whether your first answer was reasoning or recall. Prepare the follow-up, not just the opener, and your answers stop sounding rehearsed.

CHAPTER FIVE

The science cheat sheet.

The applied science that shows up in interviews, and on day one of any program. Each is written as a question on purpose: answering cold is what makes it stick. Cover the answer, say yours out loud, then check.

Boyle's law: gas volume halves at constant temperature. Pressure?

Doubles. $P_1V_1 = P_2V_2$; pressure and volume are inversely proportional. It's why a cylinder's contents can't be judged by gauge pressure alone for liquefied gases.

Henry's law, in one sentence, and why anesthesia cares.

Gas dissolves in a liquid in proportion to its partial pressure. It's the principle behind how inhaled agents and oxygen move between alveoli and blood.

Mean arterial pressure for 120/78?

≈ 92 mmHg. $MAP \approx DBP + \frac{1}{3}(SBP - DBP) = 78 + \frac{1}{3}(42) = 92$. MAP, not systolic, is the perfusion number.

pH 7.28, PaCO₂ 30, HCO₃⁻ 14. What is this?

Metabolic acidosis with respiratory compensation. Low pH says acidosis; low bicarb says metabolic; low CO₂ says the lungs are compensating.

Cardiac output: what two numbers make it?

Heart rate × stroke volume. Nearly every hemodynamic problem you'll discuss reduces to one of those two changing. Say which one, and you've answered most follow-ups before they're asked.

Why does a patient breathing room air have an alveolar oxygen pressure well below 160 mmHg?

Water vapor and CO₂ take up space in the alveolus. Inspired gas is humidified and mixed with CO₂ returning from blood, so alveolar PO₂ lands far below the dry atmospheric figure. Panels like this one because it separates memorized numbers from understanding.

This is what the science is for.

Every equation here becomes a decision someone makes in a room like this, which is how interviewers want to hear you reason about it.

CHAPTER FIVE, CONTINUED

Dose math & ventilation.

Convert 0.5 mg to micrograms.

500 mcg. 1 mg = 1,000 mcg. Unit discipline, saying the units aloud as you cancel them, is what interviewers listen for.

A drug's concentration is 10 mg/mL. How many mL deliver 25 mg?

2.5 mL. $25 \div 10 = 2.5$. Dose $\div$ concentration = volume, one direction, every time.

Why does hypoventilation raise PaCO₂?

CO₂ elimination depends on alveolar ventilation. Less gas exchanged per minute means CO₂ produced by metabolism accumulates. That's the first-principles version of "ventilate to blow off CO₂."

A 70 kg patient is dosed at 2 mg/kg. Total dose?

140 mg. Weight-based dosing is the most common calculation you'll do, and the most common place a decimal slips. Say it as "2 mg per kg $\times$ 70 kg," and the units carry you.

Why does a pulse oximeter read saturation, not oxygen content?

It measures the percentage of hemoglobin bound to oxygen, not how much hemoglobin is there. A severely anemic patient can read 100% and still carry too little oxygen. Knowing what a number *doesn't* tell you is the answer panels remember.

THE HABIT THAT PREVENTS ERRORS

Say the units out loud as you cancel them. If the units don't come out right, the setup is wrong, not the rounding. Interviewers listen for that discipline far more than for speed, and it's the same habit that keeps you safe in a real room.

You are not expected to know anesthesia yet

Programs teach it. What they screen for is whether general chemistry, physics, and physiology are still available to you under mild pressure.

Ten minutes a day beats a weekend

Cover the answer, say yours out loud, check. Spread across weeks, this page is worth more than any single cram session.

WHERE THESE COME FROM

Nothing here is exotic. It's first-year chemistry, physics, and physiology, the same prerequisites your application already lists. Programs aren't checking whether you've studied anesthesia; they're checking whether that science is still yours to use in conversation.

CHAPTER SIX

Twelve months, without burning out.

A twelve-month runway is long enough to work with and long enough to quit halfway through. Most people reading this are carrying prerequisite coursework and probably a job, which means the plan has to survive ordinary weeks rather than ideal ones. The habits below are built for that.

A WEEK YOU CAN ACTUALLY REPEAT

DAY	BLOCK	WHAT YOU DO IN IT
Mon	60 min, exam prep	Timed practice section, then review only what you missed.
Tue	20 min, drills	Five cards from Chapter five, out loud, cover-and-answer.
Wed	60 min, exam prep	Your weakest content area. Not your favourite one.
Thu	30 min, admin	One email that moves the application: a recommender, a program office, a shadowing ask.
Fri	Off	Deliberately. A scheduled night off is what makes the other six days credible.
Sat	90 min, long block	Statement writing, or a full timed practice set. Alternate weeks.
Sun	20 min, reset	Look at the timeline. Move one thing forward. Close the laptop.

That's about five hours a week, which is deliberately modest. A schedule you keep for fifty weeks beats a schedule you abandon in six, and the spacing research in Chapter seven says the distributed version teaches you more anyway. If a week collapses, you have lost one week out of fifty.

HABIT CARDS

Same time, same chair
Decide once where and when you study, then stop re-deciding. The deliberation is what costs you, not the work.

Start with two minutes
On the days you don't want to, open the book and do two minutes. You will usually keep going. If you don't, two minutes still counts.

Never two in a row
Missing one session is noise. Missing two starts a new pattern. Protect the second day harder than the first.

Track sessions, not hours
Put a mark on a calendar for every session you finish. Counting hours invites the fiction of the four-hour evening; counting sessions rewards showing up.

One conversation a month
Talk to someone on this path, in the profession or applying alongside you. Isolation is the most reliable predictor of quitting, and it's the easiest one to fix.

WHAT BURNOUT LOOKS LIKE HERE

Not exhaustion, usually. It looks like busywork: reorganising notes, rewatching a lecture you already understand, re-reading the same program page. Those feel productive and cost nothing emotionally, which is exactly why they replace the hard hour. If a week was full but nothing on the timeline moved, that's the signal, and the fix is to do the one task you have been avoiding first thing tomorrow.

CHAPTER SEVEN

Why this works, and where to check us.

Two things should never be taken on faith: the method behind this guide, and the numbers in it.

Here is the research the method rests on, and where to verify every requirement yourself.

Everything here is the common pattern across programs, not any one program's rules.

THE EVIDENCE BEHIND THE METHOD

Structured interviews predict performance better

Same planned questions, same criteria, every candidate: that format predicts performance substantially better than free-form conversation. It's why Chapter four hands you the question set. Your panel is likely working from a rubric, so rehearse against one.

McDaniel et al. (1994), *Journal of Applied Psychology*, 245 validity coefficients · Sackett et al. (2022), updated selection-method estimates · Kuncel et al. (2013) on structured scoring

Retrieval beats re-reading

Pulling an answer out of memory strengthens it far more than reviewing the material again. Rehearsing your "why" out loud is practice; re-reading your notes mostly isn't. Every drill in Chapter five is written as a question for that reason.

Roediger & Karpicke (2006), *Psychological Science*, the testing effect

Spacing beats cramming

Study spread across days outperforms the same hours massed together, and the advantage grows with how long you must retain it. A twelve-month runway is the format the evidence supports.

Cepeda et al. (2006), 839 assessments across 317 experiments · Latimier et al. (2021), *Educational Psychology Review*

Audit before you plan

People systematically underestimate difficulty and timelines when they plan from hope instead of their own numbers. This is the planning fallacy, and Chapter one starts with an audit because a plan can only be built on measured ground.

Kahneman & Tversky (1979), "Intuitive prediction: Biases and corrective procedures" · Buehler, Griffin & Ross (1994), *Journal of Personality and Social Psychology*

Feedback is what turns practice into improvement

Hours alone don't produce expertise; hours against a standard, with specific feedback and correction, do. That's the difference between answering a question ten times and answering it once with someone telling you exactly where it went slack.

Ericsson et al. (1993), *Psychological Review*, on deliberate practice · Hattie & Timperley (2007), *Review of Educational Research*

Rehearsal lowers the cost of pressure

Performance anxiety consumes the working memory you need for reasoning, which is why a well-prepared applicant can still stumble on a question they know. Repeated practice under mild pressure is what frees that capacity back up, and it's why we push rehearsing out loud rather than in your head.

Beilock & Carr (2005), *Psychological Science*, on choking under pressure · Eysenck et al. (2007), attentional control theory

WHAT THE EVIDENCE CAN'T TELL YOU

None of this research is about CAA admissions specifically. It's about how people learn, rehearse, and get judged. It shapes *how* we'd tell you to prepare, never what any committee will decide. Anyone claiming a formula for that is selling you something.

CHAPTER SEVEN, CONTINUED

Verify everything here yourself.

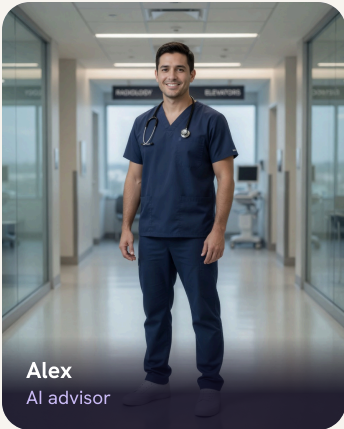
Requirements change, and no guide is a substitute for a program's own page. These are the primary sources — including ours.

CAAHEP	Accredited CAA program list and standards	caahep.org
NCCAA	Certification and the certifying examination	aa-nccaa.org
AAAA	The profession, practice map, student resources	anesthetist.org
ASA	The anesthesia care team and CAA scope statements	asahq.org
CASAA	Centralized application, transcript processing timelines	casaa.liaisoncas.com

AND WHERE BOOST FITS

We built Pre-Op to do the parts of this guide that a PDF can't: the parts that depend on *your* numbers.

- **Candidacy Score** · your audit, calculated. Free.
- **Program Directory** · all 30 U.S. CAA programs, 25 accredited plus 5 on the way, with deadlines and prereqs. Basic info never paywalled.
- **Ask Alex** · AI advisor, 5 free questions a day, no card.
- **Mock Interview** · scored, adaptive. Part of Pre-Op's paid plan.



If a guide (ours included) tells you something a program's own admissions page contradicts, believe the program.

Prerequisite lists, accepted exams, and deadlines change between cycles, and a single program's requirement can differ from every pattern described here. Use this document to know what to look for; use the sources above to confirm it.

WORTH ASKING EVERY PROGRAM DIRECTLY

Which prerequisites expire, and at how many years?

Is review rolling, and when do interviews typically begin?

Do you have a preference between the MCAT and GRE?

Admissions offices answer these. Asking early is not a bother. It's how you avoid building a year on an assumption.

This guide is a map of the common path, written to save you the months most applicants lose to sequencing mistakes. It is not an admissions consultancy, a guarantee, or a substitute for talking to the programs themselves, and we'd be suspicious of any resource that presented itself as one.

On pay: there is no separate BLS category for CAAs. Market data places compensation comparable to CRNAs. Treat any precise "CAA median salary" claim, from anyone, with suspicion.

You've got the plan.

Now get the read.

This guide tells you what matters. Pre-Op tells you where you stand, and what to fix first.

Candidacy Score

An honest read across every factor programs weigh. Free.

Program Directory

All 30 U.S. CAA programs, 25 accredited plus 5 on the way, with deadlines, prereqs, and exam policies. Basic info never paywalled.

Ask Alex

Our AI advisor, for prereqs, programs, and timelines. 5 free questions a day, no card.

Mock Interview

Adaptive interviews with Alex, scored per answer. Part of Pre-Op's paid plan.



The room is real. So is the work it takes to get there.

THREE THINGS TO DO THIS WEEK

01

Calculate both GPAs

Cumulative and science, separately. Everything else in this guide is built on those two numbers.

02

Send five shadowing emails

Use the template on page 5. This is the longest queue you'll stand in, so join it now.

03

Answer question one out loud

"Why do you want to be a CAA?" Record it once. You'll hear immediately what needs work.