

Arkansas State University
DNP in Nurse Anesthesia Program

RECOMMENDATION FORM

Applicant evaluation by healthcare professional in authoritative role (supervising RN in managerial role, physician in supervising role, CRNA in supervising or collaboration role)

Section one: To be completed by applicant.

Applicant:		
Last	First	Middle
Applying for class 20_____		

I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.	I retain my right of access to this letter of Evaluation.
Applicant Signature _____	Date _____
Applicant Signature _____	Date _____

Section Two: To be completed by evaluator.

Instructions: The applicant’s evaluator is asked to complete the remainder of this form. This evaluation of the applicant should be based on direct observations and knowledge of the applicant.

Hospital/Medical Center where employed: _____

City_____ State_____ Employment date: Start (___/___/___) Stop (___/___/___)

Primary unit_____ #of beds_____ Shift worked _____ Hours worked /wk. _____

Secondary unit (if any) _____ #of beds_____ Shift worked _____ Hours worked/wk. _____

A. Familiarity with Applicant

1. How do you know the applicant? How well do you know the applicant?

2. How long have you known the applicant? How long have you worked with the applicant?

B. Applicant's Personal Attributes

Please evaluate the applicant in each of the following categories by checking the appropriate column.

Personal Attributes	Excellent (Upper 10%)	Above Average (Upper 33%)	Average (Middle 33%)	Below Average (Lower 10%)	Not Known
Emotional Maturity					
Integrity					
Motivation					
Social Values					
Intellectual ability					
Quality of Expression					
Organization Ability					
Rapport with others					
Leadership Qualities					

C. Applicant's Clinical Experience

Please evaluate the applicant with respect to the following clinical procedures and skills by checking the appropriate column. The admissions Committee is seeking information about the applicant regarding their critical care experience and the level of competence that they possess. If applicant was not in a critical care position at the time of employment, please skip this section (D) and write a narrative in E.

	Number Managed per week	Number Managed Independently	Number Managed with Assistance	No Experience
Arterial Monitoring				
Central Venous Pressure Monitoring				
Pulmonary Artery Pressure Monitoring				
Intra-aortic Balloon Pump				
Vasoactive Drugs				
Ventilators				
Intracranial Pressure Monitoring				
Functions as Code Blue Team Leader				
Functions as Code Blue Team Member				

E. Narrative comments:

Please provide any additional information that you feel would be of value to the Admissions Committee in considering this applicant.

F. Overall Recommendation

Considering all of the applicants to nurse anesthesia programs that you have known, please check the box indicating the category in which you would like to place this applicant.

- Recommend enthusiastically – upper 10 percent of applicants
- Recommend with confidence – upper one-third of applicants
- Recommend with reservation – lower one-third of applicants
- Do not recommend (please explain)

G. Evaluator's information:

Evaluator Name: _____

Title: _____

Hospital/Clinical Facility: _____

Mailing Address:

Phone _____

Evaluator's Signature _____ Date _____

Please return this evaluation in an official envelope directly to:

**Arkansas State University
School of Nursing
DNP in Nurse Anesthesia Program
P.O. Box 910
State University, AR. 72467**