Arkansas State University
DNP in Nurse Anesthesia Program

RECOMMENDATION FORM
Applicant evaluation by **Nursing Supervisor** (RN or APRN)

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 current Nursing Supervisor.

Instructions: The applicant's current Nursing Supervisor is asked to complete the remainder of this form. This Nursing Supervisor's 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 indication 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