

**Arkansas State University
MSN Nurse Anesthesia Program**

**RECOMMENDATION FORM
Applicant Evaluation by RN, CRNA or Anesthesiologist**

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 evaluation.	I retain my right of access to this letter of Evaluation.	
Applicant Signature	Date	Applicant Signature Date

Section Two: To be completed by RN, CRNA or Anesthesiologist.

Instructions: To be completed by RN, CRNA or Anesthesiologist of the applicant's choosing.

Instructions: A RN, CRNA or Anesthesiologist that possesses professional knowledge of the applicant is asked to complete the remainder of this form

A. Familiarity with Applicant

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

2. How long have you known 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. Narrative comments:

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

D. 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)**

E. Evaluator's information:

Nursing Supervisor's Name: _____

Title: _____

Hospital/clinical facility: _____

Mailing Address: _____

City/State _____ **/** _____ **Zip:** _____

Phone: _____ **Date:** _____

Evaluator's Signature: _____ **Date:** _____

Please return this evaluation in an official envelope directly to:

**Arkansas State University, Department of Nursing, MSN Nurse Anesthesia Program,
P.O. Box 910, State University, AR 72467.**