

## Letter of Reference

### Doctorate of Nurse Anesthesia Practice



#### SCHOOL OF ANESTHESIA

**Return Reference form to:**

*Please return reference to applicant in  
signed sealed envelope.*

**Application:** Please read the following paragraph below very carefully and check off either "confidential" or "non-confidential" in the appropriate space prior to giving this form to the individual writing the recommendation

Name of Applicant: \_\_\_\_\_

The applicant has chosen that this statement be \_\_\_\_\_ **confidential** or \_\_\_\_\_ **non-confidential**, according to the Family Education Rights and Privacy Act of 1974. Confidential references are prepared for the use of the graduate admissions committee only, and should not be shown to the candidate. Non-confidential references may be viewed by the candidate.

The following information will be used in making an evaluation of the applicant's strengths and weaknesses as related to graduate study. Please use additional paper if necessary.

1. In what professional and/or personal capacity and for how long have you known the applicant?

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2. How well does the applicant express himself/herself orally? In written form?

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3. Please comment on the applicant's analytical ability to give professional nursing care:

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4. Please comment on the applicant's interpersonal skills, both with individuals and with groups.

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5. Please discuss any special factors in the applicant's background which demonstrate motivation and preparation for graduate work.

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6. Please make any additional comments you may have about the applicant's record, personal qualities, extracurricular activities and general strengths or weaknesses.

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Please indicate your reevaluation of each of the criteria using the following rating scale:

(4) EXCELLENT

(3) ABOVE AVERAGE

(2) AVERAGE

(1) BELOW AVERAGE

(N/A) NOT APPLICABLE

CRITERIA		4	3	2	1	N/A
A.	Clinical Judgment: Does the individual . . .					
	1. Exhibit sound clinical judgment?					
	2. Exhibit technical competency?					
	3. Perform well under stress?					
	4. Adapt well to various types of equipment?					
	5. Synthesize and apply knowledge to total patient care?					
	6. Demonstrate initiative?					
	7. Function well alone?					
	8. Function well with others?					
	9. Use consultation advantageously?					
	10. Follow established policies and procedures?					
B.	Personal Attributes: Does the individual . . .					
	1. Exhibit ethical behavior?					
	2. Exhibit self-direction?					
	3. Meet your standards of dependability and punctuality?					
	4. Assume responsibilities willingly?					
	5. Exhibit habits of personal hygiene and professional appearance?					
C.	Educational Activities: Does the individual . . .					
	1. Participate in departmental programs?					
	2. Participate in institutional programs?					
	3. Contribute to community health programs?					
	4. Attend professional meetings, lectures, symposiums?					
	5. Appreciate the value of continuing education?					

If applicant was your employee, would you rehire him/her?

Please check one:

- ☐ I strongly recommend     
 ☐ I recommend     
 ☐ I recommend with reservation  
☐ I do not recommend this applicant for admission to graduate study.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date