

**DECATUR MEMORIAL HOSPITAL'S NURSE ANESTHESIA PROGRAM/BRADLEY UNIVERSITY
RECOMMENDATION FORM**

WAIVER OF APPLICANT'S RIGHTS

(Family Education Rights and Privacy Act 1974)

I, _____ the undersigned _____ WAIVE, _____ DO NOT WAIVE, any and all rights to examine and
Please Print
review letters of recommendation or rating sheets which are written for or contained in, my graduate school application file.

Applicant's Signature

Date

APPLICANT REFERENCE EVALUATION

_____ is a candidate for admission to the Nurse Anesthesia Program. We desire your opinion of this applicant's suitability for anesthesia training and practice. Your cooperation in completing and promptly returning this form will assist both the applicant and the school. (If additional space is needed, please use the reverse side of this form.)

1. How long have you known this applicant and in what capacity?
2. List at least 3 individual and/or professional strengths of this applicant.
3. List at least 3 individual and/or professional weaknesses of this applicant.
4. Describe this applicant's initiative, flexibility and motivation.
5. How do you feel this applicant will respond in a student role, i.e., to authority?
6. Describe the applicant's ability to cope in emergent situations and make sound clinical decisions.
7. Describe the applicant's ability to work, interact, and communicate with other people.
8. Describe this applicant's ability to function independently in a clinical situation. Does the applicant take responsibility for his actions? If no, please explain.
9. As far as you know, does this applicant have any physical, emotional or psychological handicaps that might limit success in anesthesia training and practice. If so, please specify.
10. How was this applicant's record regarding absenteeism and punctuality?
11. Do you have any specific concerns regarding this applicant's admission to the nurse anesthesia program and their future ability to practice nurse anesthesia?

CHOOSE ONE OF THE FOLLOWING:

_____ I enthusiastically endorse this applicant as a suitable candidate
_____ I endorse this applicant as a suitable candidate

_____ I do not endorse this applicant as a suitable candidate
_____ I do not know enough about this applicant to respond

PLEASE RETURN THIS FORM TO:

Rhonda Gee, CRNA, DNSc
Decatur Memorial Hospital Anesthesia Department
2300 North Edward Street, Decatur, IL 62526

DATE: _____
SIGNATURE: _____
POSITION: _____
ADDRESS: _____
PHONE: _____