

TO BE COMPLETED BY APPLICANT. Please print clearly.

Applicant name: _____
Last
First
Middle
Other

I have read and approved this request for information. I voluntarily waive any right of access to this confidential letter of evaluation.

Applicant signature: _____ Date: _____

TO BE COMPLETED BY CURRENT CLINICAL CARE COORDINATOR/SHIFT SUPERVISOR. Please print clearly.

The admission committee appreciates your cooperation in determining the applicant's potential for success, both as a graduate student and in an advanced practice role as a nurse anesthetist. Your candid opinion will be appreciated. This information will be held in confidence if the applicant has signed the above waiver.

Please complete your evaluation using the form below. Place the completed evaluation in the business size envelope provided by the applicant and seal the flap. Next, sign your name across the flap and return it to the applicant. This recommendation is an essential part of the application.

APPLICANT'S GENERAL INFORMATION

Hospital/medical center where employed: _____

Primary unit: _____ Number of beds: _____ Average hours worked weekly: _____

Secondary unit: _____ Number of beds: _____ Average hours worked weekly: _____
(if applicable)

How long have you known the applicant professionally? _____

APPLICANT'S PERSONAL ATTRIBUTES

Please evaluate the applicant in each of the following categories by checking the appropriate box below. Explain any average and below average rankings within the additional comments section on the following page.

<u>Personal Attributes</u>	<u>Excellent</u>	<u>Above average</u>	<u>Average</u>	<u>Below average</u>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emotional maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social values	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intellectual ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to organize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership qualities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance in critical situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm for learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acceptance of criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical/professional competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking/analytic abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for advanced practice nursing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for graduate study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation as a mentor/preceptor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participation in unit meetings/committees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the applicant's strengths?

What are the applicant's weaknesses?

Do you believe the applicant has adequate critical care experience to move to an advanced nursing role?

ADDITIONAL COMMENTS

Please provide any additional comments that would be of value to the admission committee. Feel free to use the space below or attach a letterhead bearing your signature.

OVERALL RECOMMENDATION

Explain your recommendation ranking within the comments section above.

- I highly recommend this applicant. I recommend this applicant with reservations.
 I recommend this applicant. I do not recommend this applicant.

EVALUATOR'S INFORMATION

Name: _____ Title: _____

Signature: _____

May we contact you for additional information or clarification? Yes No

If yes, please list an area code and phone number where you can be reached. _____