Doctor of Nursing Practice

Applicant Recommendation

Name of Applicant: ____________________________

Applicant: This form is to be given to each of three persons you are naming as references.

References must be from the following:

- Physician/CRNA from current place of employment (resident or fellow recommendations are not acceptable).
- Immediate Registered Nurse Manager/ Supervisor
- Dean/Director of Nursing Program

Please sign one of the preference statements below before giving to your recommender.

My preference regarding confidentiality of this recommendation is as follows:

☐ I wish to have access to this letter of recommendation; it will not be confidential and will be incorporated into my application for graduate study.

☐ I waive my rights of access to this letter of recommendation and request that it be incorporated as confidential material into my application for graduate study.

Signature: ____________________________ Date: ____________________________

Note to Recommender: The person named above is applying for admission to the Doctor of Nursing Practice (DNP) program in nurse anesthesia and has requested that your evaluation be included as part of their application. Under provisions of the family Educational Rights and Privacy Act of 1974, this applicant (if admitted and enrolled) will have access to the information provided unless the right to such access has been waived by the above statement.
Please evaluate the following characteristics of the applicant.

<table>
<thead>
<tr>
<th>Evaluation</th>
<th>Excellent</th>
<th>Above Average</th>
<th>Average</th>
<th>Below Average</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Verbal communication skills</td>
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<td>Written communication skills</td>
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<td>Clinical skills</td>
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<td>Critical thinking/problem solving skills</td>
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<td>Interpersonal relationships</td>
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<td>Time management skills</td>
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<td>Independence and resourcefulness</td>
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<td>Ethics and sensitivity regarding patient care</td>
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<td>Ability to accept constructive criticism</td>
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<td>Leadership potential</td>
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<td>Potential for graduate study and professional growth</td>
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<td>Attendance</td>
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<td>Integrity</td>
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How long have you known the applicant?__________________

In what capacity have you know the applicant?
☐ Professional observation (CRNA/attending physician) of applicant’s current ICU practice.
☐ Dean/Program/Director of Nursing Program
☐ Current RN Manager or Supervisor
☐ Other – please explain

Last contact with applicant ______________________________

How well do you know the applicant?  Very well ___  Well ___  Minimally ___  Unknown ___
RECOMMENDATION:

☐ Highly recommend ☐ Recommend ☐ Recommend with reservation (Please explain) ☐ Do not recommend (Please explain)

Comments: ____________________________________________________________

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Name: __________________________ Degree __________________________

Title: __________________________

Organization: ______________________

Address: __________________________

City: __________________________ State: ______ Zip: ______

Phone: __________________________ E-mail address: ______________________

May we contact you? ☐ Yes ☐ No

Signature: __________________________ Date: __________________________

Before giving your recommendation to the applicant, please place it in a sealed envelope and sign your name across the back seal.