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Doctor of Nursing Practice

Applicant Recommendation

Name of Applicant: _____

Social Security Number: _____

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.

Evaluation	Excellent	Above Average	Average	Below Average	Not Applicable
Verbal communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Critical thinking/problem solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interpersonal relationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence and resourcefulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethics and sensitivity regarding patient care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to accept constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential for graduate study and professional growth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 ___

