

SCHOOL OF NURSE ANESTHESIA

Date: _____

To: Supervisor / Unrelated Physician or Professor

PLEASE RETURN FORM TO:
Program Director
Yale New Haven Hospital School of
Nurse Anesthesia
1450 Chapel Street - MOB Suite 216
New Haven, CT 06511-4405

We are considering _____ for admission to the YNHHSNA Graduate Program in Nurse Anesthesia. We attach considerable significance to education and professional references in our selection process. Your assistance in completing and returning this form would be appreciated. The information requested will be kept in the strictest confidence. Please feel free to submit an accompanying letter of recommendation with this form.

How long have you known the applicant? _____

EVALUATION OF APPLICANT:

CRITERION	Poor	Fair	Average	Good	Excellent	Exceptional
General quality of work						
Critical thinking skills						
Relationships with peers/members of medical team						
Response to supervision						
Emotional intelligence/maturity						
Attendance/punctuality						
Professional demeanor/accountability						

Do you have any hesitations about recommending this applicant to our program? _____

If yes, please specify. _____

Signature: _____ Title: _____

Phone: _____ Email _____