

SCHOOL OF NURSE ANESTHESIA

EVALUATION FORM

Date: _____

To: Program Director, School of Nurse Anesthesia

We are considering _____, a graduate of your nurse anesthesia program, for admission to the post-Master's Doctoral Program in Nurse Anesthesia. As 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.

Date of Enrollment: _____

Date of Graduation: _____

Total number of cases/Hours of clinical time obtained in the nurse anesthesia program: _____/_____

Did the applicant complete your program in the normally prescribed length of time? _____

If not, please explain. _____

Did the applicant receive any special awards or recognition in your program? _____

If yes, please specify. _____

Did the applicant present any specific problems or require any special attention while in the program? _____

If yes, please specify. _____

EVALUATION OF APPLICANT

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

Do you feel that the applicant’s academic record and /or other assessments accurately and completely reflect the applicant’s abilities? _____ *If not, please specify.*

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

If yes, please specify. _____

If applicable, please add any additional information re: the candidate here:

Signature: _____

Title: _____

Phone: _____

Email: _____

Please return this completed form to:

Program Director
 YNHH School of Nurse Anesthesia
 1450 Chapel Street – MOB 216
 New Haven, CT 06511-4405