

## Choose type of reference:

Academic Reference

Non-Family Personal Character Reference

Nursing Supervisor Reference

St. Elizabeth Health Center  
School for Nurse Anesthetists, Inc.  
PO Box 1790  
1044 Belmont Avenue  
Youngstown OH 44501-1790

### Applicant:

Please read the paragraph below very carefully and check off either confidential or non-confidential in the appropriate space prior to giving this form to the individual writing the recommendation.

Name of Applicant:

The applicant has chosen this statement to be \_\_\_ confidential or \_\_\_ non-confidential, according to the Family Education Rights and Privacy Act of 1974. Confidential references are prepared for the use of the director of graduate admissions only, and should not be shown to the candidate. Non-confidential references may be viewed by the candidate.

The following information will be used in making an evaluation of the applicant's strengths and weaknesses as related to graduate study. Please use additional paper if necessary.

1. In what professional and/or personal capacity and for how long have you known the applicant?
2. How well does the applicant express himself/herself verbally? In written forms?
3. Please comment on the applicant's analytical ability and research skills.
4. Please discuss any special factors in the applicant's background which demonstrate motivation and preparation for graduate work.

5. Please make any additional comments you may have about the applicant's record, personal qualities, academic ability, critical thinking, and ability to apply research findings in clinical practice.

Please indicate your evaluation of each of the criteria using the following rating scale:

4 = Excellent, 3 = Above Average, 2 = Average, 1 = Below Average, N/A = Not Applicable

Criteria	4	3	2	1	NA
<b>Clinical Judgement: does the individual...</b>					
Exhibit sound clinical judgement?					
Exhibit technical competency?					
Perform well under stress?					
Adapt well to various types of equipment?					
Synthesize and apply knowledge to total patient care?					
Demonstrate initiative?					
Function well alone?					
Function well with others?					
Use consultation advantageously?					
Follow established policies and procedures?					
<b>Personal Attributes: does the individual...</b>					
Exhibit ethical behavior?					
Exhibit self-direction?					
Meet your standards of dependability and punctuality?					
Assume responsibilities willingly?					
Exhibit habits of personal hygiene and professional appearance?					
<b>Educational Activities: does the individual...</b>					
Participate in departmental programs?					
Participate in Institutional programs?					
Contribute to community health programs?					
Attend professional meetings, lectures, and symposiums?					
Appreciate the value of continuing education?					

Please check one:

I strongly recommend       I recommend       I do not recommend for admission to graduate study

\_\_\_\_\_  
Name

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Position; relationship to applicant

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone