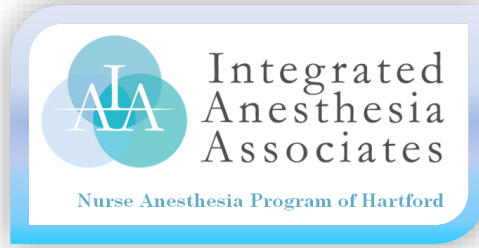


Reference Form—Advanced Specialization



Integrated Anesthesia Associates Nurse Anesthesia Program of Hartford

Please type or print clearly

Applicant's Name: _____

In compliance with Public Law 93-380, Section 438 ("Buckley Amendment") the applicant must check one.

_____ I waive my right of access to this recommendation.

_____ I do not waive my right of access to this recommendation.

Applicant's Signature _____ Date: _____

Directions for Applicant: print out and make three copies of this form, front and back; fill in the top part, sign it; hand it to your reference along with an addressed and stamped envelope, and ask them to mail it to:

Admissions Committee
Integrated Anesthesia Associates
Nurse Anesthesia Program of Hartford
100 Retreat Ave. Suite 403
Hartford, CT 06106

Directions for the Reference writer: The applicant is applying for admission to our Program. Your honest and complete appraisal of the following characteristics is appreciated. Please make comments after each item if warranted and submit this form (both sides) directly to the Admissions Committee at the above address.

1. How long have you known the applicant? _____

2. In what capacity have you known the applicant? (e.g. Program Director, supervisor, peer)

3. How well do you know the applicant? _____

4. How would you rate the applicant's nurse anesthesia practice? _____

5. What are the applicant's strengths? _____

6. What are applicant's weaknesses? _____

7. Would you want the applicant to provide anesthesia for you or a loved one? _____

8. Do you think the applicant is a suitable candidate for postmaster's degree in the specialty of nurse anesthesia? _____

Reference Form—Advanced Specialization

(continued on next page)

9. How would you rank the applicant in the following areas?

Scale:

4 – outstanding, consistently exceptional, top 5%

3 – above average, usually very good, top 25%

2 – average, acceptable, top 50%

1 – below average, not acceptable, inconsistent, bottom 50%

N- not observed or unable to assess

	4	3	2	1	N
Intellectual ability, intelligence					
Motivation, self-direction, initiative					
Leadership ability or potential					
Problem solving or critical thinking skills					
Written communication					
Verbal communication					
Honesty, integrity, personal ethics					
Reliability, accountability					
Cooperation, ability to function in a team					
Ability to function under stressful circumstances					
Job related skills, coordination, dexterity					

10. Please add any other comments you believe will assist us in making a decision regarding this applicant's admission to the post master's Doctor of Nurse Anesthesia Practice (DNAP) program. We are especially interested in the applicant's performance during their nurse anesthesia program and in their clinical practice since graduation. *Thank you*

Reference's Signature: _____ Date: _____

Printed Name and Title: _____

Phone Number or Email: _____