



Reference Form — Entry Level

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 900
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? _____

If you are the nurse manager, what date did they complete their ICU orientation? _____

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

3. How well do you know the applicant? _____

4. How would you rate the applicant's critical care nursing skills? _____

5. What are the applicant's strengths? _____

6. What are applicant's weaknesses? _____

7. Would you want the applicant to take care of you or a loved one in the intensive care unit? _____

8. Is the applicant a good candidate for graduate studies in the specialty of nurse anesthesia? _____

(continued 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 a graduate program of advanced nursing practice. We are especially interested in the applicant's critical care skills, knowledge and abilities, emotional stability, interpersonal skills and work habits. *Thank you.*

Reference's Signature: _____ Date: _____

Printed Name and Title: _____

Phone Number or Email: _____