



Program Director Evaluation — Advanced Specialization

Please type or print clearly

Applicant's Name: _____

As a prerequisite requirement for the Advanced-Specialization Doctor of Nurse Anesthesia Practice (DNAP) program, post-Master's CRNAs must provide proof of graduation and completion of an Advanced Physical Health Assessment course.

Please return the completed form to:

Admissions Committee

Integrated Anesthesia Associates
Nurse Anesthesia Program of Hartford
100 Retreat Ave. Suite 900
Hartford CT 06106

Matriculation Date: _____

Graduation Date: _____

1. Did the graduate complete the program in the normally prescribed length of time? _____
If not, please provide a detailed explanation. _____

2. Total numbers of cases/clinical hours during the nurse anesthesia program _____/_____

3. Did the graduate take and complete and Advanced Physical Health Assessment course? _____
If not, please provide a detailed explanation.

(continued next page)

4. 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					
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					

Please add any other comments you believe will help us decide about admission into a doctoral degree program. We are especially interested in the applicant's critical thinking skills, knowledge and abilities, emotional stability, interpersonal skills, and leadership potential. *Thank you.*

Reference's Signature: _____ Date: _____

Printed name and title: _____

Phone number or email: _____