

100 Retreat Avenue Suite 902 Hartford, CT 06106 t (860) 265-4556 iaapartners.com/naph

Program Director Evaluation — Advanced Specialization

Please type or print clearly

Αp	plicant's Name:			
(D	a prerequisite requirement for the Advanced-Specialization Doctor of Nurse Anesthesia Practice NAP) program, post-Master's CRNAs must provide proof of graduation and completion of an vanced Physical Health Assessment course.			
Ρle	ease return the completed form to:			
Int Nu 10	Imissions Committee egrated Anesthesia Associates erse Anesthesia Program of Hartford 0 Retreat Ave. Suite 902 ertford CT 06106			
Ma	atriculation Date:			
Gr	aduation Date:			
1.	Did the graduate complete the program in the normally prescribed length of time?			
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)			



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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 of 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					

•	rill help us decide about admission into a doctoral degree opplicant's critical thinking skills, knowledge and abilities, dership potential. <i>Thank you.</i>
Reference's Signature:	Date:
Printed name and title:	
Phone number or email:	