

**REVIEWER: PLEASE RETURN TO TRUMAN MEDICAL CENTER SCHOOL OF NURSE ANESTHESIA  
BY AUGUST 15**

## TRUMAN MEDICAL CENTER

School of Nurse Anesthesia  
2301 Holmes Street / Kansas City, MO 64108 / 816-404-1127

### RECOMMENDATION REQUEST

**To the applicant:**

Please complete and sign before providing this form to your reviewer who must be:

1. Immediate supervisor at your current place of employment
2. Faculty professor from BSN program
3. Professional reference able to assess your professional characteristics as listed on page 2

**(References should be of a professional nature. References will NOT be accepted from a relative, family friend or an individual to whom you will soon be related.)**

Please supply the reviewer with a stamped envelope pre-addressed to:

Truman Medical Center School of Nurse Anesthesia  
ATTN: Admissions Committee  
2301 Holmes Street  
Kansas City, MO 64108

Applicant's Printed Name \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

**To the reviewer:**

The student listed above is applying for admission to the Truman Medical Center School of Nurse Anesthesia and the UMKC School of Nursing & Health Studies BSN-DNP program. Upon completion of the programs, a Certificate in Nurse Anesthesia Practice (CRNA) and a Doctorate in Nursing Practice (DNP) are conferred. **Applicants to this program are required to submit 3 recommendation forms.** You are asked to make a frank appraisal of the applicant. Your responses will be held in confidence.

**Please return this completed confidential Recommendation Request:**

1. **In the envelope provided by the applicant addressed to the School of Nurse Anesthesia OR**
2. **Via email to [tmcanes@tmcmcd.org](mailto:tmcanes@tmcmcd.org)**

The Admissions Committee appreciates your cooperation in determining his/her potential for success, both as a student and as a future nurse anesthetist.

The evaluation form on page 2 is intended to help you present information about the applicant. Any additional comments you wish to make about the applicant are most welcome, including a letter of recommendation. We appreciate your assistance and would like to assure you that your comments will be carefully considered.

*Amber Davies*

DNP, CRNA - Program Director  
Truman Medical Center School of Nurse Anesthesia

**APPLICANT**

Under the Family Educational Rights and Privacy Act, students have the right to inspect their files upon request. Please sign one of the following statements. The waiving of your right to see this letter of recommendation is not a requirement for admission. I understand that I have the right to inspect my file upon request under the Family Educational Rights and Privacy Act.

I HEREBY WAIVE my right  
to access this letter of recommendation

I DO NOT WAIVE my right  
to access this letter of recommendation

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT:** Complete this top section only and submit to your chosen reviewer with a stamped envelope pre-addressed to Admissions Committee, TMC School of Nurse Anesthesia (see address above).

Applicant's Name \_\_\_\_\_

Reviewer's Name \_\_\_\_\_

Position or Title \_\_\_\_\_ Unit \_\_\_\_\_

Name of Institution \_\_\_\_\_

Address \_\_\_\_\_

Position Held by Applicant \_\_\_\_\_ Dates of Employment \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REVIEWER:** Complete the remainder of this form and return both pages to Admissions Committee, TMC School of Nurse Anesthesia.

Please rate with regard to the following	Outstanding	Good	Average	Below Average
<b>Nursing Knowledge</b> Understanding of work required and ability to perform it.				
<b>Ability to Learn</b> Ability to learn new methods and follow instructions.				
<b>Industry</b> Energy and application given regularly to each task.				
<b>Quality of Work</b> Neatness, accuracy and thoroughness.				
<b>Initiative</b> Ability to work without constant direction and contribute own ideas.				
<b>Cooperativeness</b> Success in working together with others, including those in greater authority. Acceptance of supervision.				
<b>Willingness to Improvise</b>				
<b>Honesty</b>				
<b>Manual Dexterity</b>				
<b>Acceptance of Criticism</b>				
<b>Attendance &amp; Punctuality</b>				
<b>Appearance</b>				
<b>Relationships with Patients</b>				

- How long have you known this nurse? \_\_\_\_\_
- Would you like this nurse to be responsible for the care of yourself/your family? \_\_\_\_\_

**Additional Remarks:** (Potential for more responsibility, supervisory ability, organizational skills, other)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Recommender \_\_\_\_\_

Date \_\_\_\_\_

**For School Use Only**

Score from above	Outstanding Category Total	Good Category Total	Average Category Total	Below Average Category Total	Total
Remarks Section: All Comments Positive Some Comments Negative Most Comments Negative					