

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 confidential reference 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 below

(Please do not ask for references from a relative, family friend, fellow staff nurse, or minister)

***Please supply the reviewer w/a stamped envelope pre-addressed to TMC School of Nurse Anesthesia (address below).**

Applicant's Name (typed or printed) _____ Applicant's Signature _____

To the reviewer:

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

Please return this completed confidential reference form in the envelope provided by the applicant addressed to the School of Nurse Anesthesia (address below).

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 the following page 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.

Please return your appraisal BY SEPTEMBER 1 to:

Truman Medical Center
School of Nurse Anesthesia
Attn: Admissions Committee
2301 Holmes Street / Kansas City, MO 64108
Phone: 816-404-1127 / Fax: 816-404-1103

Amber Davies

CRNA, DNP - 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 w/ a stamped envelope pre-addressed to Admissions Committee, TMC School of Nurse Anesthesia (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 (Address on page 1)

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

- 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					