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

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

1. How long have you known this nurse? ___________________
2. 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

<table>
<thead>
<tr>
<th>Category Total</th>
<th>Outstanding Category Total</th>
<th>Good Category Total</th>
<th>Average Category Total</th>
<th>Below Average Category Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Remarks Section:</td>
<td>All Comments Positive</td>
<td>Some Comments Negative</td>
<td>Most Comments Negative</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>