



# Graduate Program In Nurse Anesthesia Applicant Evaluation by RN, CRNA or Physician

**Section One: To be completed by applicant. Please type or print.**

Applicant: _____			<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%; text-align: center;">-</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>												-			-				
			-			-																
Last	First	Middle	Social Security Number																			
Applying for Entrance in 20_____																						
I hereby voluntarily waive and relinquish any right of access to this confidential letter of evaluation.						I retain my right of access to this letter of evaluation.																
_____ Signature						_____ Signature																
_____ Date						_____ Date																

**Section Two: To be completed by RN, CRNA, or physician of the applicant's choosing.**

**Instructions:** An RN or physician that possesses professional knowledge of the applicant is asked to complete the remainder of this form. Evaluations from friends or family members will not be considered.

**A. Familiarity with Applicant**

1. How do you know the applicant? How well do you know the applicant?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. How long have you known the applicant? \_\_\_\_\_

**B. If you have reviewed the applicant's academic record, do you believe it is indicative of his/her intellectual ability? If you answer no, please explain.**

\_\_\_\_ Yes      \_\_\_\_ No      \_\_\_\_ Have not reviewed academic records

**C. Applicant's Personal Attributes**

Please evaluate the applicant in each of the following categories by checking the appropriate column.

Personal Attributes	Excellent <i>(Upper 10%)</i>	Above Average <i>(Upper 33%)</i>	Average <i>(Middle 33%)</i>	Below Average <i>(Lower 33%)</i>	Needs Improvement <i>(Lower 10%)</i>	Not Known
Integrity						
Emotional Maturity						
Motivation						
Social Values						
Intellectual Ability						
Quality Of Expression						
Ability To Organize						
Rapport With Others						
Leadership Qualities						
Clinical Nursing Acumen						

**E. Narrative Comments**

Please provide any additional information that you feel would be of value to the Admissions Committee in considering this applicant. This section is valuable in making decisions where all else appears equal. Additional comments are invited, however they must be provided on official business letterhead and bear the author's signature.

**F. Overall Recommendation**

Considering all the applicants to nurse anesthesia programs that you have known, please check the box indicating the category in which you would place this applicant.

- Recommend enthusiastically – upper 10 percent of applicants
- Recommend with confidence – upper one-third of applicants
- Recommend – middle one-third of applicants
- Recommend with reservation – lower one-third of applicants
- Do not recommend (please explain above under *Narrative Comments.*)

**G. Evaluator's Information:** (please type or print)

Evaluator's Name: _____	
Title: _____	
Institution: _____	
Mailing address: _____	
City/State: _____ / _____	Zip _____
Phone: ( _____ ) _____ - _____	
Evaluator's Signature _____	Date _____
<b>Please return this evaluation, in an official business envelope, directly to:</b>	
Office of Admissions, Baylor College of Medicine, One Baylor Plaza, Room N-104, Houston, TX 77030.	
<b>DO NOT RETURN COMPLETED EVALUATION FORM TO THE APPLICANT.</b>	