Doctor of Nursing Practice Program-Nurse Anesthesia
Applicant Evaluation by CRNA Supervisor
(Use only for masters-prepared CRNA, applying to DNP Program)

For Admission in 2022

Section One: To be completed by applicant. Signature must be handwritten.

Applicant Name:

I acknowledge that this is a confidential evaluation and relinquish any right of access to this form.

_____   _____

Last   First   Middle   Applicant Signature   Date

Section Two: To be completed by CRNA's current Supervisor.

Instructions: The applicant's current CRNA Supervisor is asked to complete the remainder of this form. Evaluations from friends or family members will not be considered. The CRNA Supervisor's evaluation of the applicant should be based on direct observations and knowledge of the applicant.

Institution (e.g., hospital, ASC where employed):_____

City_____ State_____

A. Familiarity with Applicant

1. How long have you known the applicant? _____

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

_____

_____

_____

B. Applicant's Personal Attributes
Please evaluate the applicant in each of the following categories by checking the appropriate column.

Personal Attributes	**Excellent** *(Upper 10%)*	**Above Average** *(Upper 33%)*	**Average** *(Middle 33%)*	**Below Average** *(Lower 33%)*	**Needs Improvement** *(Lower 10%)*	**Not Known**
Ethics: displays honesty, integrity, and ethical behaviors						
Leadership: takes initiative and motivates others						
Reliability: dependable, responsible, prompt, and thorough						
Judgment: displays critical thinking skills, common sense, and decisiveness						
Social Values: respectful of differences in culture, opinion, belief, and abilities						
Oral Communication: speaks clearly with precision and accuracy, without ambiguity						
Written Communication: writing is precise, accurate, grammatically correct, and unambiguous						
Interpersonal Relations: considerate, sensitive, tactful in response to others, able to get along well with peers and superiors						
Adaptability: reacts well to stress, is poised and controlled						
Emotional Maturity: has self-control and positive self-image, can accept criticism						
Motivation: good attitude toward work and enthusiasm for learning						
Intellectual Ability						
Clinical CRNA Acumen						

C. Applicant's Clinical Competency

Please evaluate the applicant with respect to his/her ability to function as a CRNA in accordance with the *AANA Scope of Nurse Anesthesia Practice* and the *AANA Standards for Nurse Anesthesia Practice* (documents available at http://www.aana.com/resources2/professionalpractice/Pages/Professional-Practice-Manual.aspx). Select one:

_____Yes. I believe this applicant possesses the clinical competency to practice according to the *AANA Scope of Nurse Anesthesia Practice* and the *AANA Standards for Nurse Anesthesia Practice*.

_____No. I do NOT believe this applicant possesses the clinical competency to practice according to the *AANA Scope of Nurse Anesthesia Practice* and the *AANA Standards for Nurse Anesthesia Practice*.

D. 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.

E. 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*.)

F. Evaluator's Information: (Please print legibly. Signature must be handwritten.)

CRNA Supervisor's Name:_____

Title:_____

Mailing address:_____

City/State: _____ Zip_____ Phone: (_____)_____-_____

CRNA Supervisor's Signature_____ Date_____

Please return this evaluation, in an official business envelope, directly to:

BCM DNP Program-Nurse Anesthesia
One Baylor Plaza, MS: BCM 115
Houston, TX 77030.

DO NOT RETURN COMPLETED EVALUATION FORM TO THE APPLICANT.