



Doctor of Nursing Practice Program-Nurse Anesthesia Applicant Evaluation by RN, CRNA or Physician

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.
<div style="display: flex; justify-content: space-between;"> Last First Middle </div>	<div style="display: flex; justify-content: space-between;"> Applicant Signature Date </div>

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 <small>(Upper 10%)</small>	Above Average <small>(Upper 33%)</small>	Average <small>(Middle 33%)</small>	Below Average <small>(Lower 33%)</small>	Needs Improvement <small>(Lower 10%)</small>	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						

Personal Attributes (continued)	Excellent (Upper 10%)	Above Average (Upper 33%)	Average (Middle 33%)	Below Average (Lower 33%)	Needs Improvement (Lower 10%)	Not Known
Motivation: good attitude toward work and enthusiasm for learning						
Intellectual Ability						
Clinical Nursing Acumen						

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.)

Evaluator's Name: _____	
Title: _____	Institution: _____
Mailing address: _____	
City/State: _____ / _____	Zip _____ Phone: (_____) _____ - _____
Evaluator'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.