



UNIVERSITY OF MICHIGAN-FLINT NURSE ANESTHESIA PROGRAM

Doctor of Nurse Anesthesia Practice

Office of Graduate Programs
University of Michigan-Flint
251 Thompson Library
Flint, Michigan 48502-1950

RECOMMENDATION REQUEST

To:

NAME OF RECIPIENT

DATE

NAME OF APPLICANT

The above-named individual has applied for admission to the University of Michigan-Flint Doctor of Nurse Anesthesia Practice (DNAP) program for registered nurses. The Anesthesia Program Admissions Committee would appreciate your assistance in determining the applicant's potential for success both as a student and as a future nurse anesthetist. Please return the completed appraisal to the address above, as the application is considered incomplete until the University receives this form. Your personal letter is a welcome addition. All appraisals are held in confidence.

Thank you,
Gena Welch, DrAP, CRNA
Director, University of Michigan-Flint Nurse Anesthesia Program

Relationship to applicant: IMMEDIATE SUPERVISOR SCHOOL OF NURSING FACULTY OTHER (EXPLAIN BELOW)

How long has the recipient known the applicant? _____

please continue on page 2

APPLICANT:

I APPROVE THIS REQUEST FOR INFORMATION AND WAIVE MY RIGHT TO INSPECT THE RECIPIENT'S COMPLETED REMISSION.

SIGNATURE OF APPLICANT

DATE

Please check the appropriate rating for each of the following traits.	OUTSTANDING TOP 5%	GOOD TOP 25%	AVERAGE TOP 50%	BELOW AVERAGE	INSUFFICIENT KNOWLEDGE TO RATE
RELIABILITY					
HONESTY					
REACTION UNDER STRESS					
GETS ALONG WITH OTHERS					
LEADERSHIP					
ACCEPTANCE OF CRITICISM					
PROBLEM SOLVING/CRITICAL THINKING					
CLINICAL SKILLS					
COMMUNICATION SKILLS					
INITIATIVE/WORK ETHIC					

1. Have you ever known the applicant to abuse drugs or alcohol? YES NO

2. What are the applicant's strengths?

3. What are the applicant's weaknesses?

4. What is your overall recommendation regarding the applicant?

5. Would you be comfortable with this individual taking care of your critically ill patient? YES NO

Recipient Information:

Signature _____ Date _____

Name (printed) _____ Title _____

Organization _____ Dept. _____

City _____ State _____ Zip _____

Phone (daytime) _____ Email _____