



School of Adult and Graduate Education
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Allentown, PA 18104
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Nurse Anesthesia Program COLLEAGUE OR MENTOR REFERENCE FORM

APPLICANT'S NAME: _____

IN COMPLIANCE WITH PUBLIC LAW 93-380, SECTION 438 ("BUCKLEY AMENDMENT") THE APPLICANT SHOULD CHECK ONE.

- I WAIVE MY RIGHT OF ACCESS TO THIS RECOMMENDATION (I.E. I MAY NOT REVIEW THIS REFERENCE.)
- I DO NOT WAIVE MY RIGHT OF ACCESS TO THIS RECOMMENDATION (I.E. I MAY REVIEW THIS REFERENCE.)

APPLICANT'S SIGNATURE: _____

The applicant named above is applying for admission to the *Cedar Crest College Nurse Anesthesia Program*. An honest and complete appraisal of the applicant is appreciated. Please make comments after each item as warranted and submit this completed form via email to sage@cedarcrest.edu with NAP and the applicant name in the subject line. Thank you.

1) HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

2) WHAT IS YOUR RELATIONSHIP TO THE APPLICANT? (E.G. SUPERVISOR, PHYSICIAN, EMPLOYER, PRECEPTOR) _____

3) HOW WOULD YOU RATE THE APPLICANT'S CRITICAL CARE NURSING SKILLS? _____

4) HOW WELL WOULD YOU RATE THIS NURSES CRITICAL THINKING SKILLS AND PROBLEM-SOLVING ABILITIES? _____

5) WHAT ARE THE APPLICANT'S STRONGEST CHARACTERISTICS OR STRENGTHS? _____

6) WHAT WOULD YOU CONSIDER ARE THE APPLICANT'S WEAKNESSES? _____

7) WOULD YOU ALLOW THIS APPLICANT TO CARE FOR YOU OR A LOVED ONE IN A CRITICAL CARE SETTING? _____

8) DO YOU BELIEVE THAT THIS APPLICANT IS A GOOD CANDIDATE FOR GRADUATE STUDIES IN NURSE ANESTHESIA PRACTICE? _____

9) HOW WOULD YOU RATE THE APPLICANT IN TERMS OF THE FOLLOWING?

- SCALE: 4 OUTSTANDING
 3 ABOVE AVERAGE, USUALLY VERY GOOD
 2 AVERAGE, ACCEPTABLE
 1 BELOW AVERAGE, NOT ACCEPTABLE, INCONSISTENT
 N NOT OBSERVED OR ABLE TO ASSESS

	4	3	2	1	N
INTELLECTUAL ABILITY, LEVEL OF INTELLIGENCE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MOTIVATION, SELF DIRECTION, INITIATIVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
IMAGINATION, INNOVATION, CREATIVITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PROBLEM SOLVING ABILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
VERBAL COMMUNICATION, ORAL EXPRESSION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WRITTEN COMMUNICATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LEADERSHIP ABILITY OR POTENTIAL	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ACCOUNTABILITY, HONESTY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
RELIABILITY, RESPONSIBILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
COOPERATION, ABILITY TO BE A TEAM PLAYER	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INTEGRITY, PERSONAL ETHICS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
ABILITY TO FUNCTION UNDER STRESS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OPEN-MINDEDNESS, FLEXIBILITY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
JOB RELATED MOTOR SKILLS, DEXTERITY, COORDINATION	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10) PLEASE PROVIDE ANY ADDITIONAL INSIGHT YOU BELIEVE WILL ASSIST THE ADMISSION COMMITTEE IN ITS DECISION REGARDING THIS CANDIDATE (CRITICAL CARE SKILLS, CRITICAL THINKING ABILITIES, EMOTIONAL STABILITY, INTERPERSONAL SKILLS, WORK ETHIC, ETC.): _____

REFERRAL'S SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ TITLE: _____

ADDRESS: _____

PHONE: _____ E-MAIL: _____

WOULD YOU LIKE US TO CONTACT YOU VIA PHONE? _____