

The Millikin University and Decatur Memorial Hospital  
Nurse Anesthesia Program - Doctorate of Nursing Practice

REFERENCE STATEMENT

Applicant's Name: \_\_\_\_\_

Instructions to the Applicant:

Please complete your application by providing three professional references. One must be from your current ICU nursing supervisor. The other two references can be from professionals of your choice. Please give this form to the person who will be writing a reference for you and ask them to fill out the grid on the next page.

You must indicate, by checking and signing the appropriate statement, whether you wish your reference to remain confidential or non-confidential.

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

I retain the right to read and approve the contents of this reference after it has been completed.

\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

I hereby waive my right to read and review the contents of this reference and the statements contained in the reference. I understand that I am not obligated to sign this waiver and that this waiver can only be revoked in writing.

Instructions to the Reference Writer:

This applicant is requesting that you furnish this reference in support of an application for admission to the Millikin University and Decatur Memorial Hospital Nurse Anesthesia Program; Doctorate of Nursing Practice Program. The reference form was developed on the basis of characteristics that the faculty feel are most important to achieving success in the field of nurse anesthesia.

This reference form may be reviewed by the applicant unless the applicant has waived his/her right to do so, as indicated by the signature above. Your responses will be extremely helpful in evaluating this candidate's potential, thank you in advance for your honest evaluation.

***Please return the completed form to:***

Millikin University  
Office of Admission  
1184 West Main Street  
Decatur, IL 62522

***Or scan and email to:***

mgtaylor@millikin.edu

**The Millikin University and Decatur Memorial Hospital  
Nurse Anesthesia Program - Doctorate of Nursing Practice**

Applicant's Name: \_\_\_\_\_

Reference's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Institution: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I have known this applicant for \_\_\_\_\_ years.

I have known this applicant as a \_\_\_\_\_ employee \_\_\_\_\_ co-worker \_\_\_\_\_ student.

Please evaluate the applicant in each of the categories below:

	Superior	Good	Adequate	Poor	Not Observed
Leadership ability					
Ability to work independently					
Ability to work with people					
Makes ethical decisions					
Analytical and problem-solving skills					
Ability to communicate effectively					
Ability to cope with stress					
Dependability/Reliability					
Functions well in a crisis					
Emotional Maturity					

**Please comment on the applicant's primary strengths that will help them in graduate school.**

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**Please comment on the applicant's greatest challenges if attending graduate school.**

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**Any additional comments?**

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Your overall assessment of the applicant as to his/her ability to complete an advanced academic degree:

Highly recommend	_____	Recommend without reservation	_____
Recommend with reservation	_____	Do not recommend	_____