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:

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

Please comment on the applicant's primary strengths that will help them in graduate school.
__________________________________________________________________________
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__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
The Millikin University and Decatur Memorial Hospital
Nurse Anesthesia Program - Doctorate of Nursing Practice

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 ______