

**CONFIDENTIAL REPORT TO**

**UPMC Hamot**

School of Anesthesia/Gannon University

*PLEASE PRINT OR TYPE ALL INFORMATION*

<b>THIS AREA TO BE COMPLETED BY APPLICANT</b>	
I authorize _____, _____	
NAME OF RECOMMENDER	POSITION/TITLE
to release information concerning my professional and academic abilities to UPMC Hamot School of Anesthesia.	
APPLICANT (PRINT NAME) _____	SIGNATURE OF APPLICANT _____

*Note to Recommender* The person whose name appears above has applied for admission to UPMC Hamot School of Anesthesia. All students are selected by rigorous standards. The academic pace at the school is fast. A frank assessment will be of great assistance and will, of course, be held in strict confidence.

**PLEASE CHECK APPROPRIATE LEVEL FOR FACTORS:**

<b>FACTORS</b>	<b>ABOVE EXPECTATIONS</b>	<b>ACCEPTABLE</b>	<b>UNACCEPTABLE</b>	<b>UNKNOWN</b>
INTERPERSONAL RELATIONSHIPS & ABILITY TO WORK WITH PEOPLE				
PRODUCTIVITY				
QUALITY OF WORK				
ATTENDANCE				
PUNCTUALITY				
PERSONAL APPEARANCE				
DEMONSTRATES PSYCHOMOTOR SKILLS				
INTERPRETS ADVANCE MONITORING MODULES				

**Please comment briefly on the following:**

1. Knowledge of basic nursing care concepts: \_\_\_\_\_

2. Application of basic scientific knowledge related to nursing care concepts: \_\_\_\_\_

3. Knowledge of advanced science in nursing care concepts: \_\_\_\_\_

4. Application of advanced scientific knowledge related to nursing care concepts: \_\_\_\_\_

5. Ability to function in stressful situations: \_\_\_\_\_

6. Ability to make appropriate decisions and to demonstrate leadership skills: \_\_\_\_\_

7. How long have you known the applicant, and in what connection? \_\_\_\_\_

8. What do you consider the applicant's outstanding talents or strengths? \_\_\_\_\_

9. What do you consider the applicant's liabilities or weaknesses? \_\_\_\_\_

10. How well do you think the applicant has thought out a plan for study in nurse anesthesia? \_\_\_\_\_

11. We would appreciate your answers to the following questions insofar as they are applicable in your relationship with the applicant.

a. Do you feel that the applicant works up to capacity? \_\_\_\_\_

b. Does the applicant complete assigned tasks? \_\_\_\_\_

c. Does the applicant volunteer to do extra work? \_\_\_\_\_

d. Does the applicant budget time wisely? \_\_\_\_\_

e. Is the applicant liked \_\_\_\_\_ respected \_\_\_\_\_ by peers?

f. Is the applicant liked \_\_\_\_\_ respected \_\_\_\_\_ by supervisors?

g. Can the applicant handle constructive criticism? \_\_\_\_\_

h. Does the applicant respect opinions expressed by others? \_\_\_\_\_

**Additional Comments on back (Please include comments related to academic ability, critical thinking, and ability to use research findings in clinical practice):**

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

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_

Please mail directly to:

**UPMC HAMOT  
SCHOOL OF ANESTHESIA  
201 STATE STREET  
ERIE, PA 16550**

*Thank you very much for your cooperation and time in completing this form.*