

Reference Form for School of Nurse Anesthesia

To be completed by applicant:

Name of applicant: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Phone: (_____) _____
 Other name(s) which may appear on records: _____

RELEASE: Under the Family Education Rights and Privacy Act, enrolled students have the right to inspect their files upon request. In order to inform the person you have requested to complete this reference form whether the form will be held in confidence or if the letter will be open to your inspection, please check one of the following statements. Waiving your rights to see this form is not a requirement for admission.

I do hereby waive my right to access this reference form. I do not hereby waive my rights to access this form.

Applicant Signature: _____ Date: _____

To be completed by reference:

Please complete by: _____ Please complete checked items: Reference Form Clinical Skills Assessment Form

Reference name: _____ Date: _____
(please print)

Relationship to applicant: _____ How long have you known the applicant: _____

How well do you know the applicant? Very well Somewhat well Not well

	Excellent	Good	Average	Below Average	No Basis for Judgment
1. Ability to work with people					
2. Contribute constructively to leadership					
3. Awareness and response to changes in patient condition					
4. Self-direction					
5. Crisis management					
6. Concern for others					
7. Accountability for professional practice/Integrity					
8. Ability to use critical thinking skills					
9. Concern for providing high quality care					
10. Ability to adapt to change					

If rated below average, please comment:

Indicate any significant limitations for success in the Nurse Anesthesia Program:

Special abilities for success in the program:

Please indicate your level of endorsement for the suitability of the candidate for the program:

Endorse with enthusiasm Endorse Do not endorse

Please explain:

Signature: _____ Date: _____

Position/Title: _____ Institution: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: (____) _____

Please send to:

Bryan College of Health Sciences

Attention: Graduate Studies Admissions Office

1535 S 52nd St

Lincoln, NE 68506-1398

grad@bryanhealthcollege.edu

This reference is valid for one year after the date received.



Reference Form for School of Nurse Anesthesia

Clinical Skills Assessment

Name of applicant: _____

In order for the Admissions Committee of the Bryan School of Health Sciences School of Nurse Anesthesia to gauge current competencies, it is important that we have your professional assessment of this applicant's clinical skills. This form is not the same as a reference letter.

For each skill listed:

- Check "Performs" if you know the applicant actually utilizes the skill in their daily work.
- Check "Knowledge" if you know the applicant has knowledge of the item.
- Check "Not Observed" if you do not have sufficient information about the area.

Skill	Performs	Knowledge	Not Observed
Hemodynamic monitoring: - CVP			
- Arterial-lines			
- Swan-Ganz			
Arrhythmia identification			
Blood gas interpretation			
Initiate peripheral lines			
Universal precautions			
Pharmacology: - Vasoactive drugs			
- Alpha/beta blockers			
- Anti-arrhythmia medications			

Comments:

Signature: _____ Position: _____

Print name: _____ Date: _____

Please send to:

Bryan College of Health Sciences
 Attention: Graduate Studies Admissions Office
 1535 S. 52nd St.
 Lincoln, NE 68506-1398
 grad@bryanhealthcollege.edu

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