Doctor of Nursing Practice Program-Nurse Anesthesia
Applicant Evaluation by RN, CRNA or Physician
For Admission in 2023

Section One: To be completed by applicant. Signature must be handwritten.

Applicant Name: ____________________________________________

Last     First     Middle

I acknowledge that this is a confidential evaluation and relinquish any right of access to this form.

Applicant Signature

Section Two: To be completed by RN, CRNA, or physician of the applicant’s choosing.

Instructions: An RN or physician that possesses professional knowledge of the applicant is asked to complete the remainder of this form. Evaluations from friends or family members will not be considered.

A. Familiarity with Applicant

1. How do you know the applicant? How well do you know the applicant?

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

2. How long have you known the applicant? ________________________________

B. If you have reviewed the applicant’s academic record, do you believe it is indicative of his/her intellectual ability? If you answer no, please explain.

_____Yes  _____ No  _____ Have not reviewed academic records

C. Applicant’s Personal Attributes

Please evaluate the applicant in each of the following categories by checking the appropriate column.

<table>
<thead>
<tr>
<th>Personal Attributes</th>
<th>Excellent (Upper 10%)</th>
<th>Above Average (Upper 33%)</th>
<th>Average (Middle 33%)</th>
<th>Below Average (Lower 33%)</th>
<th>Needs Improvement (Lower 10%)</th>
<th>Not Known</th>
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</thead>
<tbody>
<tr>
<td>Ethics: displays honesty, integrity, and ethical behaviors</td>
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<td>Leadership: takes initiative and motivates others</td>
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<td>Reliability: dependable, responsible, prompt, and thorough</td>
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<td>Judgment: displays critical thinking skills, common sense, and decisiveness</td>
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<td>Social Values: respectful of differences in culture, opinion, belief, and abilities</td>
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<td>Oral Communication: speaks clearly with precision and accuracy, without ambiguity</td>
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<td>Written Communication: writing is precise, accurate, grammatically correct, and unambiguous</td>
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<td>Interpersonal Relations: considerate, sensitive, tactful in response to others, able to get along well with peers and superiors</td>
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<td>Adaptability: reacts well to stress, is poised and controlled</td>
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<td>Emotional Maturity: has self-control and positive self-image, can accept criticism</td>
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</tbody>
</table>

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## Personal Attributes (continued)

<table>
<thead>
<tr>
<th>Attribute</th>
<th>Excellent (Upper 10%)</th>
<th>Above Average (Upper 33%)</th>
<th>Average (Middle 33%)</th>
<th>Below Average (Lower 33%)</th>
<th>Needs Improvement (Lower 10%)</th>
<th>Not Known</th>
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</thead>
<tbody>
<tr>
<td>Motivation: good attitude toward work and enthusiasm for learning</td>
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<td>Intellectual Ability</td>
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<td>Clinical Nursing Acumen</td>
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</table>

### D. Narrative Comments

Please provide any additional information that you feel would be of value to the Admissions Committee in considering this applicant. This section is valuable in making decisions where all else appears equal. Additional comments are invited, however they must be provided on official business letterhead and bear the author’s signature.

### E. Overall Recommendation

Considering all the applicants to nurse anesthesia programs that you have known, please check the box indicating the category in which you would place this applicant.

- [ ] Recommend enthusiastically – upper 10 percent of applicants
- [ ] Recommend with confidence – upper one-third of applicants
- [ ] Recommend – middle one-third of applicants
- [ ] Recommend with reservation – lower one-third of applicants
- [ ] Do not recommend (please explain above under Narrative Comments.)

### F. Evaluator’s Information: (Please print legibly. Signature must be handwritten.)

Evaluator’s Name: __________________________________________________________________________

Title: ___________________________ Institution: ___________________________

Mailing address: __________________________________________________________________________

City/State: __________/_______ Zip _______, Phone: (______) _______ - __________

Evaluator’s Signature ___________________________________________ Date ________________

Please return this evaluation, in an official business envelope, directly to:

BCM DNP Program-Nurse Anesthesia
One Baylor Plaza, MS: BCM 115
Houston, TX 77030.

**DO NOT RETURN COMPLETED EVALUATION FORM TO THE APPLICANT.**