Middle Tennessee School of Anesthesia

P.O. Box 417 • Madison, TN 37116

(APPLICANT: PLEASE PRINT YOUR FULL NAME INCLUDING MAIDEN NAME IF APPLICABLE) (last 4 SS#)

REQUEST FOR REFERENCE:

The Middle Tennessee School of Anesthesia requests your evaluation of the above named applicant for use. This form will be reproduced and referred to the Admissions Committee. All information will be handled in a confidential manner. This form should not be returned to the applicant, but sent directly to the Middle Tennessee School of Anesthesia.

DEADLINE FOR REFERENCE FORMS: April 30

The Family Educational Rights and Privacy Act of 1974 provides access to educational records and permits the applicant the right to review and inspect this evaluation and to challenge its contents.

The Act also permits the applicant to waiver his/her right of access to confidential statements obtained with respect to an application for admission or employment.

The applicant may choose one of the following by their signature:

I may exercise my right to review and inspect the following evaluation and to challenge its contents if I so desire.

(Signature of Applicant) *(Date)*

I hereby waive my right of access to inspect and review the following evaluation.

(Signature of Applicant) *(Date)*

CLINICAL REFERENCE

If you check "Average" or below, please provide comments.	OUTSTANDING	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE	VERY POOR	UNKNOWN
Ability to express thoughts in writing						
Ability to express thoughts in speaking						
Adaptability						
Character						
Cooperativeness						
Emotional Stability						
Intellectual Ability						
Leadership: Initiative						
Personal Appearance						
Personality						
Professionalism						
Reliability						

CLINICAL REFERENCE (cont.) for _____
(Name)

If you check "Sometimes" or below, please provide comments.	ALWAYS	MOST OF THE TIME	SOMETIMES	RARELY	NEVER	UNKNOWN
This applicant is one of the top CRNA's.						
This applicant is punctual.						
This applicant has a good attendance record.						
This applicant takes constructive criticism well.						
This applicant takes directives well.						
If I were critically ill, I would want this applicant for my CRNA.						
On an extremely busy day, I hope this applicant is working with me.						
This applicant gets along well with the other staff.						
This applicant has good rapport with the patients and their families.						
This applicant is interested in learning new things and staying current in their field.						
This applicant goes the extra mile beyond the call of duty.						
This applicant is routinely given the most critically ill patients.						

PLEASE COMMENT on applicant's significant strengths and/or weaknesses:

TO BE COMPLETED BY REFERENCE: NOTE-Please seal the envelope and sign your name across the seal before mailing.

_____ _____ _____
(NAME OF REFERENCE) (WHERE DID YOU WORK WITH APPLICANT?) (DATES FROM/TO)

_____
(ADDRESS OF REFERENCE)

_____
(HOME & WORK PHONE NUMBERS)

_____
(TITLE OF POSITION) (YEARS KNOWN)

_____
(SIGNATURE OF REFERENCE) (DATE)