



## ***UDM NURSE ANESTHESIA- APPLICANT RECOMMENDATION REQUEST***

### **Please send to:**

Nurse Anesthesia  
University of Detroit Mercy  
4001 W McNichols Rd  
Detroit MI 48221-3038  
*Phone (313) 993-2454, Fax 313-993-1271*

\_\_\_\_\_ has applied for admission to the University of Detroit Mercy Graduate Program of Nurse Anesthesiology for registered nurses. This program offers a Master of Science degree with a specialization in nurse anesthesia. The Admissions Committee would appreciate your cooperation in determining the applicant's potential for success, both as a student and as a future nurse anesthetist. The application will be considered **incomplete** until you have returned this form. Your recommendation is confidential if signed by the applicant below.

- **For Nurse Managers and Colleague recommendations:** We are interested in your assessment of critical care nursing skills, the applicant's personal characteristics (maturity and readiness for a difficult program of study), and their degree of professional development as a Registered Nurse. You may use the second page of this form, a letter, or both.
- **For Nursing School Deans:** We are interested primarily in confirmation of academic degrees and dates. You may do so on this form, on letterhead, or both. If you have more to say about the applicant (based on records or personal knowledge) please do so.

Please complete the second page, and return to the address above. Thank you,

Michael Dosch CRNA PhD [mike.dosch@udmercy.edu](mailto:mike.dosch@udmercy.edu)  
Associate Professor and Chair, Nurse Anesthesia  
May 2015

I have read and approved this request for information. My signature indicates that I waive my rights to the inspection of the completed form.

Applicant Signature, Date \_\_\_\_\_

**Applicant Name** \_\_\_\_\_

<b>Please check and answer the following:</b>	<b>Outstanding</b>	<b>Good</b>	<b>Average</b>	<b>Below Average</b>	<b>I Don't Know</b>
Reliability					
Integrity					
Stress Reaction					
Compatibility with Co-workers					
Leadership					
Acceptance of Criticism					
Problem-solving Skills					
Clinical Skills					
Punctuality & Attendance					
Initiative					
Written/Verbal Communication					

1. What are the applicant's strengths for success in a graduate nurse anesthesia program?

2. What are the applicant's weaknesses?

3. How has this individual been involved in professional activities within your department?

4. Any additional comments? Would you like us to call you?

Questionnaire knowledge base: Personal Contact \_\_\_\_\_ School or Employment Record \_\_\_\_\_  
 When was your last contact with this applicant? \_\_\_\_\_ Relationship to applicant (supervisor? etc) \_\_\_\_\_

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

Print Name \_\_\_\_\_ Your Institution \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

**Please send to: Nurse Anesthesia, University of Detroit Mercy, 4001 W McNichols Rd, Detroit MI 48221-3038 Questions? Phone (313) 993-2454, Fax 313-993-1271, [mike.dosch@udmercy.edu](mailto:mike.dosch@udmercy.edu)**