

How long have you known the applicant and in what capacity? _____

What do you consider to be the applicant's strengths? _____

What do you consider to be the applicant's weaknesses or vulnerabilities? _____

Overall, what would be your recommendation in regard to the applicant attending the graduate program for nurse anesthesia training at St. Joseph Hospital School of Anesthesia for Nurses:

- _____ I highly recommend
- _____ I recommend
- _____ I recommend with reservation
- _____ I do not recommend

Please feel free to provide additional information about any aspect of the applicant's record, personal qualities, potential or special interests that you believe would be helpful to the Admissions Committee as it evaluates this applicant. Thank you for your cooperation in this process.

Signature of evaluator _____ Position _____ Date _____

Name and address _____

Since the applicant expects your response to be considered as part of his or her application, we will usually defer action on the application until hearing from you. To enable the applicant to have his or her application considered in timely fashion, please return to us as soon as possible. If additional space is needed, please use the reverse of this form, or an attached sheet.

Thank you for your generous assistance.

St. Joseph Hospital School of Anesthesia for Nurses complies with Section 504 of the Rehabilitation Act of 1973 and with the Americans with Disabilities Act of 1991 banning discrimination on the basis of disability. Under these regulations, St. Joseph Hospital School of Anesthesia for Nurses may not inquire prior to admission as to whether an applicant is disabled. Those who write letters of reference should not refer directly or indirectly to an applicant's disability. Information regarding disabilities, voluntarily given or inadvertently received, will not affect admission decisions.



St. Joseph Hospital School of Anesthesia for Nurses

200 High Service Avenue, North Providence, RI 02904
Telephone (401) 456-3639 or 456-3638

To be completed and returned directly to the above address.

Name of applicant: _____

To those asked to submit references:

The Admissions Committee is especially interested in your assessment of the candidate's intellectual and professional abilities and also welcome recommendations which provide relevant information not found elsewhere in the application materials or which provide additional insight into the applicant's interests and abilities.

Those recommendations which have had an impact on admission decisions usually comment on the following: The nature and length of your acquaintance with the applicant, special interests, motivations, personal and intellectual qualities or background of the applicant, and an evaluation of the applicant's potential for graduate study in Nurse Anesthesia.

Signature _____ Position _____ Date _____

Printed Name _____ Address(Street) _____ (City/State) _____ Phone _____

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