

CONFIDENTIAL REPORT TO



**201 State Street
Erie, PA 16550**

PLEASE PRINT OR TYPE ALL INFORMATION

THIS AREA TO BE COMPLETED BY APPLICANT	
I authorize _____, _____	
NAME OF RECOMMENDER	POSITION/TITLE
to release information concerning my professional and academic abilities to Hamot Medical Center School of Anesthesia.	
_____	_____
APPLICANT (PRINT NAME)	SIGNATURE OF APPLICANT

Note to Recommender The person whose name appears above has applied for admission to Hamot School of Anesthesia. All students are selected by rigorous standards. The academic pace at the school is fast. A frank assessment will be of great assistance and will, of course, be held in strict confidence.

PLEASE CHECK APPROPRIATE LEVEL FOR FACTORS:

FACTORS	ABOVE EXPECTATIONS	ACCEPTABLE	UNACCEPTABLE	UNKNOWN
INTERPERSONAL RELATIONSHIPS & ABILITY TO WORK WITH PEOPLE				
PRODUCTIVITY				
QUALITY OF WORK				
ATTENDANCE				
PUNCTUALITY				
PERSONAL APPEARANCE				
DEMONSTRATES PSYCHOMOTOR SKILLS				
INTERPRETS ADVANCE MONITORING MODULES				

Please comment briefly on the following:

1. Knowledge of basic nursing care concepts: _____

2. Application of basic scientific knowledge related to nursing care concepts: _____

3. Knowledge of advanced science in nursing care concepts: _____

4. Application of advanced scientific knowledge related to nursing care concepts: _____

5. Ability to function in stressful situations: _____

6. Ability to make appropriate decisions and to demonstrate leadership skills: _____

7. How long have you known the applicant, and in what connection? _____

8. What do you consider the applicant's outstanding talents or strengths? _____

9. What do you consider the applicant's liabilities or weaknesses? _____

10. How well do you think the applicant has thought out a plan for study in nurse anesthesia? _____

11. We would appreciate your answers to the following questions insofar as they are applicable in your relationship with the applicant.
- a. Do you feel that the applicant works up to capacity? _____
 - b. Does the applicant complete assigned tasks? _____
 - c. Does the applicant volunteer to do extra work? _____
 - d. Does the applicant budget time wisely? _____
 - e. Is the applicant liked _____ respected _____ by peers?
 - f. Is the applicant liked _____ respected _____ by supervisors?
 - g. Can the applicant handle constructive criticism? _____
 - h. Does the applicant respect opinions expressed by others? _____

Additional Comments on back (Please include comments related to academic ability, critical thinking, and ability to use research findings in clinical practice):

Signature _____ Date _____
 Name _____ Address _____
 Phone # _____

Please mail directly to:

**HAMOT MEDICAL CENTER
 SCHOOL OF ANESTHESIA
 201 STATE STREET
 ERIE, PA 16550**

Thank you very much for your cooperation and time in completing this form.

Applicant's Admissions Procedures Checklist

Please use this checklist as a reference in completing your admission file.

Date completed:

1. Application with fee sent to:
Hamot School of Anesthesia _____

2. Statement of career goals sent to:
Hamot School of Anesthesia _____

3. Official transcripts sent to:
Hamot School of Anesthesia _____

4. Official GRE's sent to Gannon (code # 2270)
& Copy sent to: Hamot School of Anesthesia _____

5. (3) References signed, distributed, and sent to:
Hamot School of Anesthesia _____

6. Copy of current professional nursing license* and copies
of ACLS, BLS and PALS cards Copy of CCRN if available
sent to:
Hamot School of Anesthesia _____

7. Interview date _____

*You **will** be required to obtain a Pennsylvania nursing license upon enrollment into the program and an Ohio nursing license will be required later on for the Fairview rotation.

*Criminal and Abuse Clearances will be required following acceptance into the program.