The University of Iowa



Dear Sir or Madam:

The University of Iowa Anesthesia Nursing Program appreciates your willingness, time, and effort to provide a recommendation for this applicant. Our Admissions Sub-Committee is trying to select the best candidate for our program and your evaluation provides us with very important information.

Please complete your evaluation of this applicant using the *UI College of Nursing DNP Recommendation Form*. Place the completed evaluation in a business-size envelope and glue down the flap. Next, sign your name across the flap. Then return it to the applicant.

Thank you so very much for acting as a reference for this applicant.

Sincerely,

Cormac T. O'Sullivan

Cormac T. O'Sullivan, Ph.D., CRNA, ARNP Assistant Professor, College of Nursing Program Director, Anesthesia Nursing

Department of Anesthesia

Program Phone: 319/384-7354

Program FAX: 319/384-7286

The University of Iowa College of Nursing

DNP Recommendation Form

To the Applicant Please type or print the following information	n.							
Applicant's name								
first	middle		las	st				
Applicant's addressnumber		street						
city	state	zip code	e-mail a	ddress				
DNP Focus Area Applying to Applicant's UID # (if University of Iowa current/former student)								
				,				
I authorizeinformation will be kept confidential.	·	to complete this rec	commendation	form and understan	d that the			
Appraiser's position								
Appraisor 5 position								
Appraiser's professional relationship to appl	icant							
WAIVER I understand that, under the provision of the recommendation and educational records for is waived. Please indicate below (checking this right.	llowing matriculati	on at The University	of Iowa Colle	ge of Nursing unless	s such right			
I expressly waive my right to examine or	r otherwise have a	ccess to this recom	mendation.					
I do not expressly waive my right to exa	mine or otherwise	have access to this	recommendat	ion.				
Signature								
Unless the above waiver is checked waiv confidential.		RSON WRITING TH			ot			
To the Appraiser Please answer the following questions and professional nursing practice and capacity/p			t to assist us ir	n judging the applica	nt's			
Please rate the candidate relative to recent years.	other students of	or employees who	m you have	known in the same	e field in			
Motivation for graduate study	exceptional	above average	average	below average	not observed			
Intellectual capability	exceptional	above average	average	below average	not observed			
Self-confidence	exceptional	above average	average	below average	not observed			
Maturity	exceptional	above average	average	below average	not observed			
Imagination and creativity	exceptional	above average	average	below average	not observed			
Initiative	exceptional	above average	average	below average	not observed			
Leadership ability	exceptional	above average	average	below average	not observed			
Ability to work with others	exceptional	above average	average	below average	not observed			
Ability to prioritize & select appropriate patient care interventions	exceptional	above average	average	below average	not observed			
Oral communication skills	exceptional	above average	average	below average	not observed			
Written communication skills	exceptional	above average	average	below average	not observed			
Analytical skills	exceptional	above average	average	below average	not observed			
Positive professional demeanor in behavior and attitude	exceptional	above average	average	below average	not observed			
Appropriate interpersonal skills	exceptional	above average	average	below average	not observed			
Willingness to perform assigned	exceptional	above average	average	below average	not observed			

Appraiser's addressnumber	state t you?	zip code	telephone (include area code)
addressnumbercity	state	zip code	telephone (include area code)
addressnumber			
Appraiser's addressnumber		street	
Appraiser's address			
namefirst	mid	dle	last
Appraisar's			.
Thank you for your willingness to This recommendation is a component of deadline for completed applications is Ju	the application, so	a prompt return is in	
Describe your estimate of the applica	ant's capacity ar	nd potential for grad	duate study.
What is your overall assessment of t	he applicant's po	otential for a careel	r in advanced practice nursing?
Describe the applicant's ability to wo lead; delegate responsibility; and wo			and subordinates) and ability to:
What are the applicant's chief liabiliti	es or weakness	es?	
What do you consider to be the appli	cant's primary s	trengths?	

Please type or print your responses.