



Doctor of Nursing Practice Program-Nurse Anesthesiology Applicant Evaluation

Supervisor's Assessment

Instructions: The applicant's current Supervisor is to complete this form. Evaluations from friends or family members will not be considered. The Supervisor's evaluation of the applicant should be based on direct observations and knowledge of the applicant.

- A. Applicant's name: _____
- B. How long have you known the applicant? _____
- C. How do you know the applicant? _____

Please check the appropriate column indicating the applicant's rating for each area. Check "not observed" if you are unable to evaluate.

Personal Attributes	Excellent	Above Average	Average	Needs Improvement	Not Observed
Ethics: displays honesty, integrity, and ethical conduct					
Interpersonal Relations: respectful and aware of differences in culture, beliefs, opinion, and abilities; effective communication and able to get along well with co-workers and supervisors					
Adaptability: makes appropriate adjustments to new or changing requirements and under stress					
Leadership: motivates others, takes initiative, is a mentor					
Emotional Maturity: can accept criticism, makes positive changes, able to deescalate stressful situations.					
Motivation: enthusiasm for learning and positive self-directed attitude towards work					
Critical Thinking: has the ability and skills to analyze information with decisiveness, and appropriate professional clinical judgment					
Organizational Skills: is prepared for work, displays appropriate time management, and prioritizes					
Dependability: responsible, prompt, and thorough					

Please provide an example of when the applicant used exceptional critical thinking or resolved an ethical situation:

Would you re-hire this applicant? Yes ☐ No ☐

Please indicate your overall recommendation for this applicant for the nurse anesthesiology program:

Highly Recommend	
Recommend	
Recommend with Reservations	
Not Recommended	

Comments on overall recommendation: *Please provide any additional information that you feel would be of value when considering this applicant. This section is beneficial when making final decisions when all other areas appear to be equal.*

Supervisor's Name (Please Print): _____

Signature: _____

Institution/Position/Title: _____

Address: _____

Telephone: _____ Date: _____

Please return this evaluation via applicants NursingCas link.
DO NOT RETURN COMPLETED EVALUATION FORM TO THE APPLICANT.