

QUALITY OF WORK

Excellent

Good

Fair

Poor

Remarks: _____

JUDGEMENT

Excellent

Good

Fair

Poor

Remarks: _____

3. How many days of absence has the applicant accumulated during the preceding 12-months? _____

No Basis to Evaluate

Remarks: _____

4. General remarks and recommendations (you may attach additional sheets if you desire):

5. Recommendation Concerning Admission (check one):

I recommend the applicant with confidence

I recommend the applicant with reservation. (Please explain in Item #3 ABOVE.)

I do not recommend the applicant. (Please explain in Item #3 ABOVE.)

Please contact me at the address/phone number below

Signature: _____ Date: _____

Your Name: _____ Your Title: _____

Your Address: _____

Your Telephone #: { } _____ - _____ Your Highest Earned Degree _____

Thanks For Your Participation & Input

***PLEASE NOTE: Evaluation forms returned directly by applicants will not be considered. Forms should be returned to:

**UT Nurse Anesthesia Concentration
1930 Alcoa Hwy., Suite 430
Knoxville, TN 37920
ATTN: Alisa Canupp**