

OUR LADY OF THE LAKE COLLEGE

7434 Perkins Rd.
Baton Rouge, Louisiana 70808
(225) 768-1700

Reference Form for Master of Science in Nurse Anesthesia

Applicant Instructions:

Three references are required to complete your application to Our Lady of the Lake College’s Master of Science in Nurse Anesthesia Program. Our Lady of the Lake College will accept only three references for each applicant. We recommend you consider requesting references from individuals who know you well and can comment on your suitability and preparation for a health care career and your academic preparation. Such individuals might include health care providers, academicians, and immediate supervisor.

Please complete the following information and furnish a copy of this form to each of your designated references. Provide a stamped envelope to each reference addressed to

**Our Lady of the Lake College
7434 Perkins Road
Baton Rouge, La 70808**

Applicant (print or type): _____
(Name) (SSN)

In accordance with the Family Education Rights and Privacy Acts of 1974 (Public Law 93-380), I understand that I have the right of access to this reference but may choose to waive that right. My preference is noted below:

- I waive my right of access to this reference form.
- I do not waive my right of access to this reference form.

Applicant’s Signature: _____ Date: _____

Evaluator Instructions:

Please complete the following information along with Parts I and II of this reference form and return directly to Our Lady of the Lake College in the stamped-envelope provided by the applicant.

Name: _____ Occupation: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____
Day time phone

Email: _____

How long have you known the applicant? _____ Years _____ months

In what capacity did you know the applicant? Were you the applicant’s?

- Employer
- Supervisor
- Co-worker
- Other _____

Reference Form

Applicant (print or type): _____
Name SSN

PART I: Please indicate your evaluation of the applicant in comparison to others you have known in the same capacity.

	Superior 5	Above Average 4	Average 3	Below Average 2	Inferior 1	Not observed
Intellectual Ability						
Communication Skills						
Emotional Maturity						
Adaptability/Flexibility						
Dependability/Responsibility						
Conflict Resolution						
Interaction with others						
Awareness of Limitations						
Reaction to criticism						
OVERALL EVALUATION						

Signature: _____ Date: _____

Part II:

Nurse anesthesia programs seek individuals who have the potential for success in a rigorous educational program and possess the personal attributes required to become a competent and compassionate health care professional.

Thank you for your evaluation of the applicant.

Please comment on the applicant's motivation and suitability for a role as a health care provider.

Please comment on the applicant's integrity, commitment, and cultural sensitivity.

Please describe the applicant's ability to handle stress and challenges.

Additional Comments:

Summary Evaluation:

- Recommended without Reservation
- Recommend
- Recommend with Reservation
- Do not Recommend