



## School of Nursing, Doctor of Nursing Practice Program Evaluation / Recommendation Form

### Part I: Completed by Applicant

Name of Applicant: _____		
<i>Last Name</i>	<i>First Name</i>	<i>Middle Initial</i>
Circle the role and option you plan to pursue:		
Clinical Nurse Specialist (CNS) Adult Health Adult Behavioral Health Neonatal Pediatric	Clinical Systems Administration	Nurse Practitioner (NP) Adult Acute Care Adult Primary Care Adult Behavioral Health Family Neonatal Pediatric Acute Care

Please complete the information above before giving this form to the evaluator.

*Note:* Evaluations should be completed by persons who are able to assess your performance in an academic or work setting. At least one recommendation must be from a nursing employer or clinical nurse supervisor. Applicants currently on the last semester of their Baccalaureate program must have at least one recommendation from a clinical instructor or preceptor.

**The Family Educational Rights and Privacy Act of 1974 entitles student records to be open for students' inspection. The law also permits a student to sign a waiver relinquishing his/her right to inspect letters of evaluation. Please indicate your decision by checking the appropriate box.**

- I hereby waive my right of access to this recommendation under the Family Educational Rights and Privacy Act. (The applicant will not have access to the evaluation.)
- I do not waive my right of access to this recommendation. (The applicant will have the right to read this evaluation.)

Applicant's signature: \_\_\_\_\_ Date \_\_\_\_\_

### Part II: Completed by Evaluator

Please complete the information requested on both sides of this form. The Admission Committee attaches considerable weight to an evaluator's assessment of an applicant. Therefore, please provide your candid assessment of the applicant's preparation, motivation, and capacity for advanced nursing practice at the doctoral level, academic potential, leadership skills, and potential for leadership in the profession. If you need to use additional sheets of paper, please attach them to this form. Your assessment will be held completely confidential provided the applicant has not waived his or her right of access, as indicated above.

Evaluator's Name: _____	Position/Title: _____
<i>First</i>	<i>Last</i>
Evaluator's Employer: _____	
<i>Name</i>	<i>City</i>
<i>State/Country/Zip</i>	
Evaluator's Business Telephone Number: (_____) _____ or Email: _____	
<i>Note: Evaluator will be contacted only if more information or clarification of evaluation is needed.</i>	
Evaluator's Signature: _____	Date: _____

### Knowledge of Applicant

How long have you known the applicant? _____ Years _____ Months	How well do you know the applicant? <input type="checkbox"/> Very well <input type="checkbox"/> Moderately well <input type="checkbox"/> Slightly	In what capacity do you know the applicant? <input type="checkbox"/> Professor/Instructor <input type="checkbox"/> Employer/Supervisor <input type="checkbox"/> Colleague/Co-worker <input type="checkbox"/> Academic Advisor <input type="checkbox"/> Other (specify): _____
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Please rate the applicant compared to his/her peers on the following abilities and traits.

	Excellent/ Outstanding	Above Average	Average/ Good	Below Average/Fair	Not Satisfactory	Insufficient Opportunity to Observe
<i>Character and Personality</i>						
Emotional Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependability/Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moral qualities/Ethical standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative, motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to work under pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal integrity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Intellectual Capacity</i>						
Retention of information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Analytical ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment/critical thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to problem solve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Clinical Competence</i>						
Demonstrates potential for success or advanced practice nursing clinical competence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communication/Interpersonal Skill</i>						
Ability to work effectively with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of written communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of spoken communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What are the applicant's principal areas of strength?

What are the applicant's areas of weakness?

Overall recommendation: Based on your overall evaluation of the applicant's ability for graduate work and potential for becoming responsible and successful in the selected advance practice nursing area, please indicate the strength of your recommendation:

- Strongly recommended
- Recommend
- Recommend with reservations
- Do not recommend

Thank you for completing this evaluation. Please fax, mail or deliver the **Evaluation/Recommendation** form to:

School of Nursing - DNP Admissions  
Office of Student Affairs  
Criss II Building, Room 195D  
Creighton University  
2500 California Plaza  
Omaha, NE 68178  
Fax: (402) 280-2045