

**University of Puerto Rico  
Medical Sciences Campus  
School of Nursing  
Graduate Department  
Nurse Anesthesia Program**

**Recommendation Letter Format**

**Instructions:**

**I. Students:**

- 1) This evaluation form should be completed by:
  - i. Most recent employer (preferably a supervisor)
  - ii. A health care professional (preferably a CRNA or licensed physician)
  - iii. Previous professor (preferably a nursing or science professor)

**II. Evaluators:**

- 1) Only this evaluation form should be used.
- 2) Please fill all blanks and table spaces in the form. Five or more spaces left blank or marked as “no basis for judgment” will invalidated the evaluation
- 3) Before filling the evaluation form, be sure that the waiver is signed by the applicant
- 4) Recommendation letters are accepted after September 1st of each year. Please send the evaluation before deadline which is October 31 for students seeking early admission decision or January 31 if regular admission.
- 5) Send the Recommendation letter by regular mail or by email to the following addresses
  - i. **Admissions Office RCM – Nurse Anesthesia Program**  
**P.O. BOX 365067**  
**San Juan, PR 00936-5067**
  - ii. [adamarvs.rivera1@upr.edu](mailto:adamarvs.rivera1@upr.edu) or [anestesiaenfe.rcm@upr.edu](mailto:anestesiaenfe.rcm@upr.edu)



**University of Puerto Rico**  
**Medical Sciences Campus**  
**School of Nursing**  
**Graduate Department**  
**Nurse Anesthesia Program**



PO Box 365067 San Juan, PR 00936-5067 Tel. (787) 758-2525 Ext. 2540, 2092; Fax (787) 759-3644

**TO BE FILLED IN BY APPLICANT: PLEASE TYPE OR PRINT. USE DARK INK.**

Name of Applicant	Name of Reference
<b>Note to applicant and reference regarding confidentiality:</b> Federal law gives this student the option of waiving or retaining their right to access their letters of recommendation, should they be admitted. Applicants, please select one of the following options:  <input type="checkbox"/> I voluntarily waive any right of access to this confidential letter of reference. <input type="checkbox"/> I retain my right to access this letter of reference.	
Applicant Signature _____ Date _____	

**THE REMAINDER OF THIS FORM IS TO BE COMPLETED BY THE EVALUATOR.**

Please-type an 'X' to indicate the value that most approximately rates this individual's performance:

**I. Professional Role and Work Characteristics**

	Outstanding 5	Excellent 4	Above Average 3	Average 2	Below Average 1	No Basis for Judgment
Intellectual Capacity (Ability to grasp, analyze, integrate and understand complex material and concepts)						
Interpersonal skills (Rapport, cooperation, attitudes toward supervision)						
Communicates skills (Effectively communicates with all individuals, utilize appropriate verbal, nonverbal, and written communication)						
Competent practitioner that applies critical thinking and evidenced based practice skills						
Posses leadership role in advocacy, education and consultation within its profession						
Function within appropriate legal requirements						
Abides to ethical standards and legal standards as he/she addresses knowledgeably responsibilities towards patients, profession & society						
Demonstrates clinical competencies						
Empathy						
Flexibility						
Emotional stability						
Self Confidence						
Personal integrity/honesty						
Responsibility						

Answers to questions are required.

1) How long have you known the applicant, in what capacity and in which setting?

---

---

---

2) What are the applicant's strengths?

---

---

---

3) What are the applicant's weaknesses?

---

---

---

4) Overall recommendation for this applicant as an undergraduate nurse and future master's-level Certified Registered Nurse Anesthetist (CRNA):

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

Reference Information	
Name/Title	Organization
Contact Information	
Address	
Phone	Email

Reference Signature \_\_\_\_\_ Date \_\_\_\_\_