

Letter of Reference

CRNA Name _____

Reference Name _____ Title _____

Position _____

How long have you known this CRNA? _____ In what capacity? _____

<i>4 – Above Average, 3 – Satisfactory, 2 – Below Average, 1 – Poor</i>	
Basic Anesthesia Knowledge	Documentation
<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Professional Judgment	Patient Management
<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Ethical Conduct	Patient Relationship
<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Competence & Skill	Relationship with Peers/Staff
<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Ability to Work with Others	Continuing Education
<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Personal Appearance	
<input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1	

This assessment is based on:

Close personal observation

General Impression

File Records

Other _____

Please check one of the following:

Recommend Highly Without Reservation

Recommend as Competent and Qualified

Recommend but with Some Reservation

Do Not Recommend

To your knowledge:

Has this CRNA ever been under investigation by a governmental or legal body? Yes No

Has this CRNA ever shown signs or behavior related to drug and/or alcohol problems? Yes No

Does this CRNA have any health issues that would negatively affect their performance? Yes No

If you answered "yes" to any of the above, please explain:

Additional Comments:

Print Name _____

Signature _____ Date _____

Address _____

Phone (_____) _____ E-mail _____



P.O. Box 108, Hollidaysburg, PA 16648
 Phone: 814-696-8886 ♦ Fax: 814-696-8883
 E-mail: admin@aanesthetists.com