MILLER
SCHOOL OF MEDICINE
UNIVERSITY OF MIAMI

NURSE ANESTHETIST SCHOLARS RECOMMENDATION FORM

Name: _____
First Middle Last

Address:_____
Street Apt. #

_____
City State Zip

Phone: ( ) _____ **Work Phone**: ( ) _____ **Cell Phone**: ( ) _____

E.Mail: _____@_____

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References will be acceptable from a professor, supervisor/employer and other professional persons and should refer to relevant education, training and/or experience.

RATING	EXCELLENT	SATISFACTORY	NEEDS IMPROVEMENT	UNSATISFACTORY	UNABLE TO COMMENT/NA
Academic Potential	☐	☐	☐	☐	☐
Communication	☐	☐	☐	☐	☐
Dependability	☐	☐	☐	☐	☐
Initiative/Flexibility	☐	☐	☐	☐	☐
Leadership Ability	☐	☐	☐	☐	☐
Integrity	☐	☐	☐	☐	☐
Teamwork	☐	☐	☐	☐	☐

1. **What do you consider the candidate's strengths/weaknesses?** _____

_____

2. **Would you recommend this candidate?**
_____

_____

Additional Comments:
_____

_____

Name: _____ **Title:**_____

Organization: _____ **Telephone:**_____

Signature _____ **Date:**_____

Please mail to:
Miller School of Medicine
Alina Sanchez-Garcia
Associate Director
Human Resources
901 NW 17 Street, Suite L
Miami, Florida 33136