Applicant: Please complete the following and sign:

Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law December 31, 1974,

I, ______________________________________, □ do □ do not waive my right of access to inspect and review this and other recommendation forms upon completion. _____________________________________________ Applicant’s signature

TO THE INDIVIDUAL PROVIDING REFERENCE: This individual is applying for admission to a Master of Health Science Program with a specialization in Anesthesiologist Assistant that will prepare him/her for a career delivering anesthesia for the complete range of patient ages and degrees of health for all types of surgical procedures as a member of the Anesthesia Care Team. This is a highly responsible position providing direct patient care during surgical procedures. The program is an intensive 27 months of classroom, laboratory, and clinical activities. As a student, and after graduation as a practitioner, the applicant must have unquestionable integrity. Please complete the following, assuming that someday this applicant may be delivering anesthesia to a member of your family. Your candid evaluation of this applicant is greatly appreciated.

1. Applicant's name (please print)

   Last First Middle/Maiden

2. How long have you known the applicant?

3. Please rate the applicant’s abilities in the following areas using the scale below:

<table>
<thead>
<tr>
<th>Area</th>
<th>4 = Outstanding; 3 = Above Average; 2 = Average; 1 = Below Average; 0 = Poor; N = No basis for judgment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Judgment</td>
<td>4 3 2 1 0 N</td>
</tr>
<tr>
<td>Assertiveness</td>
<td></td>
</tr>
<tr>
<td>Knowledge of, and Interest in Anesthesiologist Assistant profession</td>
<td></td>
</tr>
<tr>
<td>Verbal Communication</td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td></td>
</tr>
<tr>
<td>Mood Stability</td>
<td></td>
</tr>
<tr>
<td>Demeanor</td>
<td></td>
</tr>
<tr>
<td>Industry</td>
<td></td>
</tr>
<tr>
<td>Reliability</td>
<td></td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
</tr>
<tr>
<td>Integrity</td>
<td></td>
</tr>
<tr>
<td>Self-understanding</td>
<td></td>
</tr>
<tr>
<td>Capable of multitasking</td>
<td></td>
</tr>
<tr>
<td>Personal Appearance</td>
<td>4 3 2 1 0 N</td>
</tr>
<tr>
<td>Inquisitiveness</td>
<td></td>
</tr>
<tr>
<td>Team Approach</td>
<td></td>
</tr>
<tr>
<td>Written Communication</td>
<td></td>
</tr>
</tbody>
</table>

Health Professions Division
Master of Health Science—Anesthesiologist Assistant
Evaluation Form

MHA
4. If you wish, please use the space to explain any of your ratings in question three or to comment on other aspects of the applicant’s character and personality.

_________________________________________________________________________________________________
_________________________________________________________________________________________________

5. What do you feel are the applicant’s major strengths that will make him or her an effective Anesthesiologist Assistant?
_________________________________________________________________________________________________
_________________________________________________________________________________________________

6. What do you feel are the applicant’s weaknesses?
_________________________________________________________________________________________________
_________________________________________________________________________________________________

7. If you were a member of the admissions committee, how would you rate this candidate?
   □ I would highly recommend this applicant.
   □ I would recommend this applicant.
   □ I would recommend this applicant, but with some reservation.
   □ I would not be able to recommend this applicant.

8. What is your relationship to the applicant? (Check the category that is most appropriate.)
   □ anesthesia provider
   □ science professor
   □ other professor __________________________
   □ employer
   □ other ____________________________

9. Additional comments:
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Name __________________________________________ Telephone __________________________

Address __________________________________________________________________________ Telephone __________________________
   Number __________________________ Street __________________________

City __________________________ State __________________________ ZIP __________________________

Email address __________________________ Date __________________________

Signature __________________________________________ Date __________________________

Please return form to:
Nova Southeastern University
Enrollment Processing Services (EPS)
Attn: College of Allied Health and Nursing
Master of Health Science—Anesthesiologist Assistant
3301 College Avenue
P.O. Box 299000
Fort Lauderdale, Florida 33329-9905

08-209-07PCT