

Confidential Report on Applicant
Anesthesia School

To _____

_____ is an applicant to the School of Anesthesia and has given your name as a reference.

Please comment on:

Professional competency _____

Clinical competence _____

Conduct _____

Character _____

Relationships with others _____

Resource utilization _____

Remarks

Applicant is: Highly recommended Recommended
 Recommended with reservations Not Recommended

Signature _____ Date _____

Please return to:
Jessica Peterson, CRNA, Program Director
Mayo Clinic Health System Franciscan Healthcare, School of Anesthesia
700 West Avenue South
La Crosse, WI 54601