



Keiser University Naples

RECOMMENDATION FORM

To: _____
(one recommendation of the three required must be from your immediate supervisor)

From: Keiser University Naples

Name of Applicant: _____

Hospital or Facility Name _____

Number of hospital or facility beds in critical care unit in which you are working _____

Type of Unit _____

	Manages per Week	Manages Independently	Manages with Assistance	No Experience
Arterial Line				
Central Venous Pressure				
Swan Ganz Catheter				
Intra-aortic Balloon Pump				
Vasoactive Drugs				
Ventilators				

Length of time you have known applicant _____ years _____ months

Length of time you have been immediate supervisor _____ years _____ months

Have you ever known applicant to abuse drugs or alcohol? _____

Applicant's Strengths _____

Applicant's Weaknesses _____

Recommendation:

Highly Recommend _____

Recommend _____

Recommend with Reservations _____ Specify _____

Do Not Recommend _____

Additional Comments _____

Name _____

Title _____

Facility _____

Phone _____

Signature

Date

Thank you very much for your cooperation.

Keiser University Naples
Admissions Committee