Keiser University Naples

RECOMMENDATION FORM

This recommendation form must be placed in sealed and signed envelope then returned to applicant or directly to Keiser University Naples, 1336 Creekside Blvd, Suite 2, Naples, FL 34108 or it will not be accepted.

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 _____________________________________________

<table>
<thead>
<tr>
<th></th>
<th>Manages per Week</th>
<th>Manages Independently</th>
<th>Manages with Assistance</th>
<th>No Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arterial Line</td>
<td></td>
<td></td>
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<tr>
<td>Central Venous Pressure</td>
<td></td>
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<tr>
<td>Swan Ganz Catheter</td>
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<tr>
<td>Intra-aortic Balloon Pump</td>
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<tr>
<td>Vasoactive Drugs</td>
<td></td>
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<tr>
<td>Ventilators</td>
<td></td>
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</tr>
</tbody>
</table>

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