



CRNA INQUIRY FORM

Nationwide Anesthesia Services, Inc. is a national placement service for Locum Tenens and Permanent Certified Registered Nurse Anesthetists. It is our policy that before an applicant can be considered for temporary assignments or permanent placement, they are screened thoroughly. We have spoken with a candidate who has directed us to you for your personal and professional opinions. Please take a moment to complete this evaluation form and return to Nationwide Anesthesia Services, Inc., P.O. Box 992, Sandersville, GA 31082, or fax toll-free to (800) 210-5545. Thank you in advance for your assistance.

Candidate Name: _____ Phone: _____

Reference Name: _____ Fax: _____

Title: _____ Email: _____

Hospital/Group: _____

Address: _____

Dates of Candidate's Employment: _____

Was Candidate Terminated? YES NO Would You Rehire? YES NO

Were There Any Suspected Problems With Drugs, Alcohol, Nerves, Etc.? YES NO

If Yes, Please Explain: _____

Please Evaluate The Candidate Below According To The Following Scale:

A = ABOVE AVERAGE

B = AVERAGE

C = BELOW AVERAGE

D = UNACCEPTABLE

_____ Adaptability To Work Situations

_____ Emotional Stability

_____ Personal Appearance

_____ Attendance And Punctuality

_____ Attitude

_____ Seeks Consultation When Necessary

_____ Technical Skills

_____ Overall Professional Competence

_____ Ability To Get Along With Physicians, Coworkers & Patients

_____ Cooperation

_____ Knowledge And Ability To Practice "Safe Anesthesia"

_____ Physical Assessment And Management Of "High Risk Patients"

Comments: _____

Reference Signature: _____ Date: _____