

MARIAN UNIVERSITY
— Indianapolis —®
Leighton School of Nursing

Shadow Verification Form
Doctor of Nursing Practice Program
Nurse Anesthesia Track

One of the application requirements for the Doctor of Nursing Practice (DNP) program at Marian University includes a clinical observation, or shadowing, experience with an anesthesiologist or CRNA.

This form verifies the student received supervised observation time; therefore, the person overseeing the student's observation should complete and sign this form.

The information you provide will help determine the candidate's qualifications for admission into the Marian University DNP program. Thank you for allowing this student the opportunity to learn about the practice of nurse anesthesia.

The information on this form is considered confidential.

Student Name: _____

Facility Name: _____

Anesthesia Provider Name and Position (Please Print): _____

Date of Shadowing Experience: _____ Hours Spent in Shadowing Experience: _____

1. Did the student set up this observation time appropriately?
 Exceptional Adequate Inadequate
2. Was the student prompt and dependable during the time with you?
 Exceptional Adequate Inadequate
3. Did the student appear interested and ask appropriate questions?
 Exceptional Adequate Inadequate
4. Was the student's appearance appropriate for the practice setting?
 Exceptional Adequate Inadequate

Comments:

Anesthesia Provider Signature: _____