

### APPLICANT SHADOW EXPERIENCE EVALUATION FORM

1. Did the applicant arrive on time and prepared for the day?
2. How many hours did the applicant spend with you and what type of patient visits were performed?
3. Did the applicant ask insightful engaging questions?
4. Did the applicant appear to develop a basic understanding of the patient evaluation management procedures?
5. Was the applicant professional and appropriate at all times?
6. Does the applicant display potential for completing DNP Psychiatric Mental Health Nurse Practitioner training?
7. Would you recommend that the applicant be accepted into DNP Psychiatric Mental Health Nurse Practitioner training?

8. Printed Name & Credentials: \_\_\_\_\_ Date : \_\_\_\_\_

Signature: \_\_\_\_\_