VA North Texas Health Care System
Nurse Practitioner (NP) Residency Program

LETTER OF RECOMMENDATION

Your Name: First _____ Last _____ **Credentials** (i.e. MD, NP, PhD, etc.)

Your e-mail: **Your phone**:

Applicant Name (Last, First):

Applicant Alternative Name or Nickname:

Your relationship to the applicant (Please check one):

☐ Academic Advisor ☐ Preceptor ☐ Professor ☐ Supervisor ☐ Colleague ☐ Other (specify) _____

Please use as much space as you need to answer the questions below.

1. Please comment on the applicant's clinical competence:

2. Please comment on the applicant's educational background and how you think he/she will do in the program:

3. Please list a few of the applicant's achievements relevant to their application to our program:

4. Please comment on the applicant's potential for successfully completing our program and how this will advance his/her career.

Please e-mail this completed letter to Katrina Booker, Office Administrative Assistant at Katrina.Booker@va.gov by March 5, 2021. The applicant's package will not be considered complete without this letter.

Thank you!