## **LETTER OF RECOMMENDATION**

1. Name of the Applicant: _							
I waive the right to access th	nis evaluation: _						
	(Signature of applicant) (Date)						
NOTE: The person whose na Forms can be mailed to PO E	• • •					-	
The information you provid	e will be confid	ential.					
2. How long have you know	n the candidate	and in wha	at capacity?				
	Outstanding	Very	A	Below	Do not		
3. Please check:	Outstanding	Good	Average	Average	know	+	
Intellectual capabilities							
Integrity/Honesty							
Initiative/Motivation						1	
Maturity							
Ability to work with others							
Communication skills							
Leadership ability							
Judgment							
Dependability							
Overall Rating							
4. Other Comments: (Please	e use the back o	of this form	if you need	more space	2)		
Name:			Title:				
Address:							
Telephone:			Date:				

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I waive the right to access this evaluation:							
	(Signature of applicant) (Date)						
NOTE: The person whose name appears has applied for admission to the NHSC NACTEP Program. Forms can be mailed to PO Box 490 New Town, ND 58763 OR Faxed to 701-627-3609 Attn: NACTEP							
The information you provide will be confidential.							
2. How long have you known the candidate and in what capacity?							
				Below	Do not		
	Outstanding	Very Good	Average	Average	know		
3. Please check:	8	,			-		
Intellectual capabilities							
Integrity/Honesty							
Initiative/Motivation							
Maturity							
Ability to work with others							
Communication skills							
Leadership ability							
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4. Other Comments: (Please use the back of this form if you need more space )							
Name: Title:							
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Telephone #: Date:							

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Name:	me: Title:						
Address:							
Plenhone. Date:							