

LETTER OF RECOMMENDATION

1. Name of the Applicant: _____

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 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?

	Outstanding	Very Good	Average	Below Average	Do not know	
3. Please check:						
Intellectual capabilities						
Integrity/Honesty						
Initiative/Motivation						
Maturity						
Ability to work with others						
Communication skills						
Leadership ability						
Judgment						
Dependability						
Overall Rating						

4. Other Comments: (Please use the back of this form if you need more space)

Name: _____ Title: _____

Address: _____

Telephone: _____ Date: _____

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