

**Confidential Recommendation: Nurse Practitioner Residency Program  
Louis Stokes Cleveland VA Medical Center  
Transforming Outpatient Primary Care**

**Directions for the Applicant:**

Please type the information below. This form should then be given to individuals such as professors and employment supervisors, who are able to comment on your qualifications for an NP Residency Program.

This form is to be returned by email directly to the VA Psychiatric NP Residency Program by the recommender.

The applicant must complete this section before providing the form to the recommender. The Family Education Rights and Privacy Act of 1974 and its amendments give registered students the right to see all references submitted for admission unless the right to such access has been waived. Recommendation letters received by the Center of Excellence will be considered confidential.

Applicant's Name: \_\_\_\_\_

Applicant's Complete Address: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_ Applicant's Email: \_\_\_\_\_

\_\_\_ I waive my right to inspect the contents of the following recommendation.

\_\_\_ I do not waive my right to inspect the contents of the following recommendation.

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

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**Directions for the Recommender:**

The above named applicant is applying for admissions to the above noted Psychiatric NP Residency Program at the Cleveland VA Medical Center. The process places a strong emphasis on reflective practice, collaborative learning, interpersonal relationships, and scholarship. Please rate the applicant's potential for the successful completion of this program. Your comments are an important component of the applicant's admissions process. Thank you for your professional assessment of the candidate.

This form is to be returned directly by the recommender.

Please send via email to

Leslie Briscoe MSN, PMHNP-BC

Leslie.Briscoe@va.gov

Applicants Name: \_\_\_\_\_

**To be completed by the Recommender:**

Name of recommender: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

What is/was your relationship with the applicant: \_\_\_\_\_

Please Rate the applicant's ability and professional competence on the factors listed below

Factor	Outstanding	Good	Average	Below Average	Unable to Evaluate
Academic Performance					
Content Knowledge					
Ability to think critically					
Oral and written communication					
Receptive to feedback					
Ability to work independently					
Flexibility					
Initiative and leadership skills					
Integrity					
Professional competence					
Problem Solving					
Clinical Performance					
Engagement in reflective practice					

See Next Page

Applicants Name: \_\_\_\_\_

What is your overall assessment of the applicant's promise as an NP seeking an NP Residency Program?

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What is your overall evaluation of the applicant? Please comment on what you think are his/her most significant and relevant strengths.

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Other Comments

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Recommender's Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Place of work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\_\_\_\_\_ Best Contact: \_\_\_\_\_

Recommender:

Please forward this form within TWO WEEKS of receiving.

Thank You,

Leslie Briscoe MSN, PMHNP-BC

Leslie.Briscoe@va.gov

~Thank you for your time and consideration~