San Francisco VA Health Care System
Primary Care Nurse Practitioner (NP) Residency Program

LETTER OF RECOMMENDATION

Your Name: First _____ Last _____

Credentials (i.e., MD, NP, PhD, MS, MA etc.) _____

Your e-mail: _____ **Your phone**: (___) _____

Applicant Name (First and Last): _____

Your relationship to the applicant (Please check one):

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

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

Please see program mission and requirements here: https://www.va.gov/san-francisco-health-care/work-with-us/internships-and-fellowships/nurse-practitioner-residency-program/

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

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

3. ***Please comment on the applicant's potential for successfully completing our program and how this will advance their career.***

Please e-mail this completed letter to v21sfcpcnpresidencyandtraining@va.gov ***by February 1, 2024. The applicant's package will not be considered complete without this letter.***

Thank you!