



Northern California 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/northern-california-health-care/work-with-us/internships-and-fellowships/primary-care-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 V21MACPACTPCNPR@VA.GOV by Mar 1, 2024. The applicant's package will not be considered complete without this letter.

Thank you!