



DEPARTMENT OF VETERANS AFFAIRS
Health Care System 4150 Clement Street
San Francisco, CA 94121

San Francisco VA Health Care System, Mental Health Nurse Practitioner 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 visit our [website](#) to learn more about our program mission and requirements.

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

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 v21sfcpmhnpresidencyandtraining@va.gov by February 1, 2024.
The applicant's package will not be considered complete without this letter. Thank you!