



EdPACT
EDUCATION IN PATIENT ALIGNED CARE TEAMS

VA



U.S. Department of Veterans Affairs
Veterans Health Administration
Office of Academic Affiliations

**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 v21sfpcnpresidencyandtraining@va.gov by February 1, 2025. The applicant's package will not be considered complete without this letter.

Thank you!