



TEXAS NURSES ASSOCIATION

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DISTRICT 3

Recommendation Form

Nursing Instructor Recommendation

Community Service Recommendation

Candidate Name:

State your familiarity with the candidate (The box will expand as needed.)

List four characteristics exhibited by the candidate that would contribute to success in nursing. (The boxes will expand as needed.)

1.
2.
3.
4.

TNSA Involvement / * Community Service Involvement: (The box will expand as needed.)

Candidate Evaluation

Complete evaluation by marking an X in the appropriate box.

	Poor 1	Needs improvement 2	Satisfactory 3	Good 4	Excellent 5
Works well with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has ability to lead others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effective communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical excellence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommendation Completed by:

Signature:

Date:

College / University / Organization:

Phone:

Deadline: April 4, 2012. All recommendation forms must be received by TNA, District 3 by the deadline for candidate to be considered for a scholarship. Please return recommendation form to TNA, District 3 by email at tna3@usapathway.com.

Please save recommendation forms using the candidate's last name prior to submission.
SAVE AS: InstRecommendation2012-Last Name or CommRecom2012-Last Name.
Emailed applications & recommendation forms ONLY will be accepted.