



Recommendation Form

Nursing Instructor Recommendation

Community Service Recommendation

Candidate Name:

State your familiarity with the candidate

List four characteristics exhibited by the candidate that would contribute to success in nursing.

1.

2.

3.

4.

TNSA Involvement / * Community Service Involvement:

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					
Has ability to lead others					
Effective communication skills					
Academic excellence					
Clinical excellence					

Recommendation Completed by:

Signature:

Date:

College / University / Organization:

Phone:

Deadline: April 4, 2011. 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: InstRecomendation2011-*Last Name* or CommRecom2011-*Last Name*.

Emailed applications & recommendation forms ONLY will be accepted.