

PERSONAL RECOMMENDATION (*Not Confidential*)

NOTE TO APPLICANT FOR ADMISSION TO POST MASTER’S STUDY. Please enter your name on the line marked “Name of Applicant” and deliver or mail to the person who will write this recommendation. Ask that the recommendation be mailed to you. Submit recommendation forms *in sealed envelopes* with your post master’s application. Three letters of recommendation are needed. Appropriate sources include professionals who have a supervisory, educational or mentoring relationship to you.

1. Name of Applicant \_\_\_\_\_  
Last
First
Middle

NOTE TO RECOMMENDER: The person whose name appears above is applying for admission to the UCLA Post Master’s Certificate Program. The Admissions Committee would appreciate your assessment of the applicant according to the questions asked on this form. If you are unable to assess the applicant in more than half of the categories listed in the table below, please contact the applicant so that she/he can ask for a recommendation from someone who is able to assess her/him in the majority of the categories listed. The information you provide will not be considered confidential once the applicant has been admitted to the program. Please fill in both sides of this form and sign it. Mail the recommendation to the applicant in a sealed envelope with your signature on the outside flap of the envelope.

2. During what dates did you know this person and in what connection? \_\_\_\_\_

3. How would you rate this applicant among the college/professional nurse population with whom you are acquainted?

	Outstanding (top 5%)	Excellent (top 15%)	Good (top third)	Average (middle third)	Poor (bottom third)	Do Not Know
<b>Academic</b>						
Intellectual Ability						
Conceptual Ability						
Oral Expression						
Writing Ability						
<b>Professional</b>						
Overall Clinical Performance						
Critical Thinking						
Leadership						
Creativity						
Flexibility						
Ability to Organize Work						
Commitment to Profession						
Ethical Standards						
Ability to Work Under Stress						
<b>Personal</b>						
Maturity						
Integrity						
Initiative						
Perseverance						
Motivation						
Emotional Stability						
Ability to Work with Others						

4. What do you consider to be the applicant's outstanding talents or strengths? (Please give specific examples.)

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5. Please identify any areas of weakness or areas for improvement.

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6. Are you aware of any factors that in your opinion would make this applicant unsuitable for advanced practice? Yes \_\_\_ No \_\_\_

If yes, please explain

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7. Please evaluate the applicant's potential for advanced practice in relationship to accountability, autonomy, collaboration and clinical judgment.

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8. How well do you think the applicant has thought out her/his plans for post master's study?

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9. Do you recommend the applicant for post master's study? Yes \_\_\_ No \_\_\_

10. General Comments

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Signature \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_

Facility \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Date \_\_\_\_\_

**We are aware that we are asking for considerable time and effort on your part in completing this form. Therefore, we want to assure you that your generous assistance in giving this appraisal is very helpful to us and greatly appreciated.**