



**Nursing & Health Services Training Consultants, Inc.**

311 N. Charles Street, Baltimore, MD 21201

(410) 528-5430 ♦ Fax (410) 528-5436

www.nursingandhealth.com

## Letter of Recommendation Form

To Be Completed By the Recommender Only: (\*Required)

\*I have known \_\_\_\_\_ for \_\_\_\_\_ (yrs) \_\_\_\_\_ (months).  
\*(Applicant's Full Name)

\*Please describe your relationship with the applicant:

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\*Please briefly describe the applicant's strengths and weaknesses:

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\*Summary Evaluation: (please check where applicable)

	Outstanding	Good	Average	Poor	Unable to Assess
Appearance					
Dependability					
Personality					
Work Ethic					
Punctuality					

\*I would  recommend  not recommend the applicant for work with NHSTC, Inc.

\*Signature

\*Date

\*Print Full Name

Company and/or Title

\*Address

\*Phone #

\*City, State and Zip Code

Email Address

**For Office Use Only:**

Date Verified: \_\_\_\_\_

Attempts:

1<sup>st</sup> Date/Results \_\_\_\_\_ Initials \_\_\_\_\_

Verified by: \_\_\_\_\_

2<sup>nd</sup> Date/Results \_\_\_\_\_ Initials \_\_\_\_\_

3<sup>rd</sup> Date/Results \_\_\_\_\_ Initials \_\_\_\_\_