

Quality HealthCare Training, LLC
RECOMMENDATION FORM

Applicant: _____

Please Print

*Signature

(*By my signature, I authorize the person below to answer the following questions to the best of their ability and submit this form to QHT).
NOT TO BE COMPLETED BY FRIENDS OR FAMILY. ONLY PROFESSIONAL REFERENCES PLEASE. FORM MUST BE
RETURNED DIRECTLY TO THE PRACTICAL NURSING PROGRAM EMAIL ADDRESS BY THE PERSON COMPLETING IT.

1) How do you know this individual? _____ # of years _____

2) Do you feel this individual would adapt and excel in a healthcare environment that is highly
technological and highly patient? _____ Yes _____ No _____ Not Sure Explain:

3) I have observed the following attributes in this individual (only check those that apply):

_____ Cheerfulness _____ Maturity _____ Dependability _____ Honesty _____ Self-Motivation _____ Self-
Confidence _____ Initiative _____ Punctual _____ Good Attendance _____ Team Player _____ Multi-Tasking
_____ Time Management _____ Critical Thinking _____ Problem Solving _____ Effective Communication

4) What do you feel is this individual's greatest strength? Why?

5) What do you feel is this individual's **greatest** weakness? Why?

6) Give an example of how this individual demonstrated perseverance to achieve a goal or accomplish
something important.

7) In what ways could this individual improve to be better prepared for a rigorous professional
educational program and demanding healthcare career?

8) Additional comments:

Signature (person making recommendation): _____

Print Name _____ Title/Credential _____ Date _____

Scan & Email to: qualityhealthcaretraining1@gmail.com