

**SONOMA STATE UNIVERSITY  
RECOMMENDATION  
Post-Master's FNP Certificate Program**  
*(place in sealed envelope and return to applicant for submission)*

APPLICANT'S NAME: \_\_\_\_\_

The above applicant is applying to the **Post-Master's Family Nurse Practitioner Certificate** program at Sonoma State University. We would appreciate your assessment of this applicant's suitability for entering this level nursing program.

	Below Average	Average	Above Average	Excellent
Adaptability	1	2	3	4
Motivation	1	2	3	4
Ability to express ideas verbally and in writing	1	2	3	4
Problem solving ability	1	2	3	4
Responsibility for own actions	1	2	3	4
Interest in others	1	2	3	4
Leadership skills	1	2	3	4
Goal oriented	1	2	3	4
Sensitivity to others	1	2	3	4
Maturity	1	2	3	4
Clinical Competence	1	2	3	4

*Please summarize your recommendation of this applicant:*

\_\_\_\_\_ Do not recommend    \_\_\_\_\_ Hesitate to recommend    \_\_\_\_\_ Recommend    \_\_\_\_\_ Highly Recommend

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Title  
Capacity in which you have known this applicant: \_\_\_\_\_

If you wish this information to be regarded as confidential, please check here \_\_\_\_\_  
**If you would like to provide additional comments, please use the reverse or attach a letter**

*Thank you for providing us with this information. Please return this form to the applicant in a sealed envelope.*