

**The University of Iowa College of
Nursing Post Graduate Certificate
Recommendation Form**

Applicant's Name:

The candidate listed above is applying to The University of Iowa's Post Graduate Certificate Program. Your cooperation in completing the questions below will be very valuable to us in considering this candidate for admission. Please answer the following questions and make a detailed and candid statement to assist us in judging the applicant's professional nursing practice and capacity/potential for graduate study.

1. How well (and in what capacity) do you know the applicant?

2. What do you consider to be the applicant's primary strengths?

3. Describe the applicant's ability to work with others (peers, supervisors, and subordinates) and ability to: lead; delegate responsibility; and work in a team environment.

4. What is your overall assessment of the applicant's potential for a career in advanced practice nursing?

5. Give an example of the applicant's ability to take initiative which, in your estimation, demonstrates the capacity and potential for graduate study.

Thank you for your willingness to provide this assessment.

This recommendation is a component of the application, so a prompt return is important. Please send this document to nursing-graduateprogram@uiowa.edu.

Appraiser's Name:

Telephone Number:

If we need a clarification, may we contact you?

Yes

No

Signature

Date: