



Doctor of Nursing Practice

Recommendation Form

This form is to be used for applicants to the DNP Program only.

Two letters of reference are required. One reference must be directly related to the candidate's professional practice. The second reference will be a recent academic reference (within 5 years) or, if not available, from a supervisor or MD/APRN colleague with whom you work. Please note below the category of this particular reference.

____ Professional practice reference

____ Academic reference (preferred) or Supervisor/MD/APRN with whom you work.

Applicants Name: _____

La Salle ID or Date of Birth: _____

The Family Education Rights and Privacy Act of 1974 entitles La Salle University graduate students to have access to recommendation(s) in their permanent file. The applicant may waive this right of access to letters of recommendation, please sign your name on the line below.

I hereby waive all rights or privileges provided by Public Law 93-380 to inspect or challenge the content and comments appearing in this recommendation. I agree that the observations made in this recommendation should be confidential between the person recommending me and La Salle University

Applicant Signature: _____

Date: _____

Evaluation

| | Excellent | Above Average | Average | Below Average | Poor | Unable to Assess |
|-----------------------|-----------|---------------|---------|---------------|------|------------------|
| Intellectual Ability | | | | | | |
| Analytical Ability | | | | | | |
| Maturity | | | | | | |
| Initiative | | | | | | |
| Written Communication | | | | | | |
| Oral Communication | | | | | | |

How long have you known the applicant? _____
In what capacity?

What do you consider to be the applicant's strengths and/or outstanding talents?

In what area(s) do you believe the applicant could improve on professionally?

Critique the quality of the applicant's clinical practice skill set. Include observations about his/her communication style, creativity, commitment, and enthusiasm.

Does the applicant demonstrate responsibility for updating her/his practice expertise and, if yes, how is this commitment manifested?

The Doctor of Nursing Practice (DNP) degree is a practice degree focused on enhancing advanced nursing practice with a commitment to vulnerable, underserved populations. Please comment on the applicant's appropriateness for this program.

Please add any additional comments about the applicant.

Evaluator's Printed Name _____ Daytime Telephone Number: _____

Evaluator's Signature _____ Date _____

Evaluator's e-mail address: _____

Evaluator's Title or Position _____

Please send directly to: La Salle University

Office of Graduate Admission
Box 826
1900 West Olney Avenue
Philadelphia, Pennsylvania 19141