Post Graduate Fellowship in Oncology Nursing
Recommendation Form

Submit to: aprnfellowship@mdanderson.org or fax to 713-563-9000

(Name of applicant) is/was at (Name of facility)

From _________ to ___________ During this time the applicant was _____________________________ (List employment title)

During the time above was the applicant every subject to any disciplinary action, such as admonition, reprimand, suspension or termination? □ YES □ NO If yes, please give details on a separate sheet.

To your knowledge is the applicant physically and mentally qualified by training and experience to perform her/his duties as an advanced practice nurse? □ YES □ NO EXCEPTIONS__________________________________

EVALUATION: This evaluation should be based on demonstrated performance compared to that reasonably expected of a nurse practitioner at her/his level of training, experience and background.

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<th>Poor</th>
<th>Fair</th>
<th>Good</th>
<th>Superior</th>
<th>No Knowledge</th>
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RECOMMENDATION:

Recommend highly without reservations ________
Recommend as qualified and competent ________
Recommend with some reservation (please explain) ________
Do not recommend (please explain) ________

RECOMMENDATION IS BASED UPON:

Close personal observation ________
General impression ________
A composite of evaluations by supervisors ________
Other (please explain) ________

Date: __________ Signature: _____________________________________________

Print name: __________________________________________ Title: __________________________________________

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