

**LPN to Registered Nurse Program
Letter of Recommendation and Employment
NWACC Associates Degree Nursing Program**

This letter of recommendation should be filled out by administration that the applicant has worked for.

As a representative of _____, I recommend
(Name of Medical Facility)

_____ for the LPN to Registered Nurse Program at NWACC.
(Applicant's Name)

He/she has completed six (6) months, or 1,000 clock hours of patient care experience.

_____ has worked for our facility since _____
(Applicant's Name) (Date of Hire)

and we feel that he/she would be successful and a good fit for the LPN to Registered

Nurse Program at NWACC.

Administrator Name

Administrator Signature

Date

***This letter must be submitted to the Nursing Department Administrative Assistant before the final day of the fall semester, per the current academic calendar.*