

NCANA Leadership Fellow  
Recommendation Form

Applicant Name \_\_\_\_\_  
Last First Middle

Evaluator Name \_\_\_\_\_  
Last First Middle

How well do you know the applicant?

- ☐ Very well
- ☐ Moderately well
- ☐ Very little

In what capacity?

Do you recommend this applicant for NCANA Leadership Fellow? ☐ Yes ☐ No

Please evaluate the applicant’s qualifications by checking the appropriate spaces below:

	Superior	Excellent	Good	Average	Poor	No Basis for Judgment
Intellectual Ability						
Leadership Skills						
Commitment to Profession						
Ethical Standards						
Motivation						
Integrity						
Teamwork						
Personal Accountability						

Please comment on the following (you may attach a separate sheet if needed):

Recognition of strengths. What makes him/her stand out as having the potential to make a meaningful leadership contribution to the future of nursing and healthcare in North Carolina. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recognition of any weaknesses or limitations and opportunities for development. \_\_\_\_\_

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Additional Comments: \_\_\_\_\_

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Additionally, on a separate sheet of paper, please write a response to the following statements:

Please include your candid evaluation of this applicant's potential to make a meaningful leadership contribution to the future of nursing and healthcare in North Carolina.

Please evaluate the motivation, diligence, personal accountability and team contributions of this candidate, especially as they may pertain to the candidate's ability to successfully complete the rigorous requirements of the NCNA Leadership Academy.

Evaluator's Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print) \_\_\_\_\_

Title \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Please return recommendation forms to [operations@ncana.com](mailto:operations@ncana.com) by September 1, 2025.**