

INSERT LETTERHEAD HEADER INCLUDING LOGO

(Note that these are guidelines for writing an applicant's letter of recommendation, and not a template. Highlighted elements may be used for standard letter addressing.)

Department & Division

Issuer Name, Credentials

Issuer Position or Title

Street Address

City, State Zip Code

Phone: XXX-XXX-XXXX

Email: *jsmith@email.com*

INSERT CURRENT DATE

To whom it may concern:

It is my pleasure to recommend **FIRST NAME LAST NAME, CREDENTIAL** for the Certified Point-of-Care Professional Certification exam in **INSERT EXAM DATE**.

Letters of recommendation should then speak to any of the following criteria:

- *The professionalism of the applicant.*
- *The moral character of the applicant.*
- *The applicant's experiences in the development, oversight, implementation, and/or validation of point-of-care testing.*
- *Personal accounts/examples of the applicant's high-quality work.*
- *Specific dates and/or timeframes for which you have witnessed the applicant's professionalism or quality of work.*

Please feel free to contact me if you have any questions concerning **FIRST NAME LAST NAME**.

Sincerely,

Insert Signature

Issuer Name, Credentials.

Issuer Position or Title

INSERT LETTERHEAD FOOTER