

2018
Pre and Perinatal Professional Training
Marin County, CA

Recommendation Form

Applicant _____

Applicant, please complete this portion prior to submitting it to the recommender.

- Required. I give permission to the recommender to speak with Myrna Martin if needed regarding my ability to benefit from and apply myself to this training.

Applicant's signature _____ Date _____

- Recommended but not required: I waive the right to view this letter and form of recommendation.

Applicant's signature _____ Date _____

To Recommender: Please complete this portion below and include with a letter of recommendation. If you would like more information or a copy of the Training Brochure please contact us.

Recommender's Name _____

Address _____

Phone(s) _____ Email _____

Profession _____

Degrees, Licenses or Trainings _____

What is your relationship to the applicant? _____

How long have you known the applicant? _____

How well do you know the applicant? _____

Please complete this evaluation and email both pages along with your letter of recommendation

DIRECTLY to:

Myrna Martin, MN, RCC, RCST® at myrna@myrnmartin.net Phone: 250509-1033

	Out standing	Excellent	Good	Average	Below Average	Unable to evaluate
Character and Integrity						
Interpersonal skills						
Respectful of others						
Ability to work with others and in teams						
Ability to work independently						
Receives coaching well						
Has clear interpersonal boundaries						
Takes responsibility for own actions & impact						
Keeps time commitments						
Keeps financial commitments						
Follows through with other commitments						

Name of Applicant _____

Recommender's Signature _____ Date _____