



Maternidad La Luz
 1308 Magoffin El Paso, Texas 79901
 Tel: (915) 532-5895 Fax: (915) 532-7127
 www.maternidadlaluz.com

LETTER OF RECOMMENDATION

Name of Applicant: _____

The above applicant has applied for clinical placement to Maternidad La Luz, a free-standing, TX-licensed birth center that provides an intensive midwifery experience. There are certain qualities and skills that midwives should possess. We ask you to rate this applicant using the following scale. Please comment to clarify or amplify your assessment of the qualities and skills. You may write on the back of this sheet as well.

Your name: _____ Your Profession: _____

Date of Letter: _____ How long have you know the applicant? _____

Relationship to the applicant: _____

Your telephone number: _____ Your Email address: _____

May we share your letter of recommendation with the applicant if they ask? Yes No

Outstanding	More than adequate	Slightly more than adequate	Adequate	Slightly less than adequate	Less than adequate	Inadequate	Not Applicable
7	6	5	4	3	2	1	NA

QUALITY	RATING	COMMENTS
Honesty	7 6 5 4 3 2 1 NA	
Commitment	7 6 5 4 3 2 1 NA	
Compassion	7 6 5 4 3 2 1 NA	
Initiative	7 6 5 4 3 2 1 NA	
Flexibility	7 6 5 4 3 2 1 NA	
Ability to work in a a group	7 6 5 4 3 2 1 NA	
Respect for diversity	7 6 5 4 3 2 1 NA	
Ability to cope with stress	7 6 5 4 3 2 1 NA	
Ability to offer and receive constructive criticism	7 6 5 4 3 2 1 NA	
Professionalism	7 6 5 4 3 2 1 NA	

Thank you for taking the time to complete this letter of recommendation and supporting this applicant's pursuit of midwifery. Please return this by email to maternidadlaluz.academic@gmail.com, by mail, or return to applicant in a sealed envelope with your signature signed across the flap.