

Mindfulness in the Helping Professions Certificate Program

To the Applicant

Please complete the top section of this form. Please sign and date the waiver below (*) if you wish to waive access to this recommendation letter. You should then deliver this form directly to the individual who is familiar with your potential and aptitude for success in the program. A total of two letters of recommendation are required: one must be from a human service professional. We recommend that the second letter be submitted by a colleague or a previous employer who is familiar with your clinical work. **Recommendations from fellow applicants or students, personal friends, or family are not acceptable.**

Name of Applicant: _____

Social Security Number (Optional): _____

Name of Recommender: _____

Check One: Hum.Serv. Prof. Selected Individual (colleague or employer)

(*) In accordance with the Family Education Rights and Privacy Act of 1974 (Public Law 93-380), I understand that I may choose to waive my right to review this letter of recommendation. This waiver is effective insofar as the recommendation is used solely for the purpose of admission. The university does not require that you make such a waiver as a condition for admission. I hereby waive my right of access to this recommendation and agree that this information shall remain confidential.

Signature: _____ **Date:** _____

To the Recommender

The above-named applicant is applying for admission to the Mindfulness in the Helping Professions Certificate program at Governors State University. Please complete the following information below and then provide your candid assessment of the applicant's characteristics and potential for the certificate program (See reverse for instructions for completing your assessment of personal qualities.). **After completing this letter of recommendation, please place it in an envelope, seal the envelope and sign your name over the seal. Return the sealed envelope to the applicant** for submission of the completed application packet.

Name: _____ **Date:** _____

Organization: _____

Position/Title: _____ **Phone:** _____

Letter of Recommendation

In what capacity have you known the applicant? _____

_____ For how long? _____

On a scale of 1-5, with 5 being the highest, indicate your level of recommendation by circling the corresponding number.

1 2 3 4 5

Your assistance in helping us make an admission decision is very important. We rely on you to provide us with your perspective of the applicant's professional characteristics and potential to complete the Mindfulness in the Helping Professions Certificate program. Your statement in this regard is critical in the determination of admission to the program.

Below are characteristics we request you to address in your statement on behalf of the applicant. It is very important that you address each of the three (3) questions as thoroughly as possible. We ask that you provide headings for each of the questions in bold followed by your description and assessment of the applicant. Please attach your assessment to this form on official letterhead.

- 1) Assess the **applicant's overall skills and abilities as a clinician.**

- 2) Describe the characteristics of the applicant that you think provide evidence for the **potential to incorporate mindfulness-based interventions to their work with clients.** Please include your assessment of the applicant's interpersonal skills and the ability to work with others as well as the applicant's potential for growth and self-evaluation.

- 3) Evaluate the applicant's knowledge and skills in the area of mindfulness, meditation, and contemplative practices.

Signature: _____ **Date:** _____