



Department of Counselor Education
2039 Kennedy Boulevard, Rossey Hall 536
Jersey City, NJ 07305-1597
Phone 201-200-3400/Fax 201-200-3405

**Health Resources and Services Administration (HRSA)
Behavioral Health Workforce Education and Training (BHWET) Stipend Program**

Recommendation Form

Due Date: Friday, March 17, 2017 by 5.00 pm EST

Applicant's Name: _____

Complete Address: _____

Home/Cell Number: _____

NJCU Email: _____ Personal Email: _____

Under the Family Educational Rights and Privacy Act of 1974, enrolled students have access to their individual educational records. Students are also permitted to waive their rights of access to recommendations. Check one below:

_____ I hereby WAIVE my right of access to review this recommendation.

_____ I DO NOT WAIVE my right of access to review this recommendation.

Student's Signature

Date

To the Recommender: The applicant named above is applying for the HRSA-BHWET Stipend program with the Department of Counselor Education at NJCU. The selection committee would appreciate your assessment of the applicant to assist us with the review process.

Name of Recommender

Date

Familiarity with the applicant:

1. How long and in what capacity have you known the applicant? _____
- _____
2. I know the applicant (check one): ____Very well ____Moderately well ____Other: _____
3. Please use the following rubric to rate the applicant’s specific qualities (**please compare the applicant with other graduate level counseling students while providing your ratings**):

Qualities	Highest 2% among all students	Highest 5% among all students	Highest 10% among all students	Highest 25% among all students	Around 50% among all students	Lower than 50% among all students
Congruence & Genuineness						
Counseling Skills						
Professional Ethics						
Professionalism						
Motivation to Learn and Grow Initiative						
Emotional Stability and Self-control						
Self-awareness and Self-understanding						
Openness to Feedback						
Flexibility & Adaptability						
Commitment and Determination						
Ability to Work with Diverse Population						

4. To the best of your knowledge and understanding of the abilities needed to succeed in a HRSA-BHWET Stipend Program, do you recommend this student as a grant recipient?
- _____ Recommend
- _____ Recommend with reservation (enclose comments)
- _____ Do not recommend

Please make any additional comments below or attach a separate sheet on letterhead.

Name: _____ Title: _____

Institution Name: _____

Phone: _____ Email: _____

Recommender’s Signature

Date

<p>RETURN COMPLETED FORM TO:</p> <p>Anna Ivanova-Tatlici, Clinical Coordinator New Jersey City University Department of Counselor Education 2039 Kennedy Blvd., Rossey Hall 536 Jersey City, NJ 07305-1597</p> <p>Email: aivanova@njcu.edu or Fax: 201-200-3405</p>
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