



FLORIDA SCHOOL OF
TRADITIONAL MIDWIFERY

Letter of Recommendation

All information provided will be kept confidential

Applicant's Name	
Your Name	
Your Address	
Your Telephone #	
Length of time you have known the Applicant:	
Please describe your relationship to the Applicant (i.e. professional, instructor, personal)	
Please Comment on the following regarding this Applicant	
Please give an example of a time when the applicant demonstrated the ability to follow through on activities/commitments:	
Please give an example of a time when the applicant demonstrated initiative:	
Please give an example of a time when the applicant demonstrated the ability to cooperate with others:	
Please give an example of a time when the applicant demonstrated leadership abilities:	

Please give an example of a time when the applicant demonstrated the ability to cope with stress:	
Licensed midwives are independent practitioners. It is a profession that carries a great amount of responsibility. In your opinion, is there any reason why this applicant should not be a midwife?	
Would you choose this person to provide midwifery care for you or your family?	
Any Additional Comments:	
<p style="text-align: center;"> Thank you for completing this Letter of Recommendation Please return this completed form to: Email Preferred: info@midwiferyschool.org </p> <p style="text-align: center;"> Or Mail to: The Florida School of Traditional Midwifery Attn: Admissions 810 East University Avenue Gainesville, Florida 32601 </p>	
Your Signature:	
Date:	

The Florida School of Traditional Midwifery (FSTM) Discrimination Policy:

The Florida School of Traditional Midwifery (FSTM) does not discriminate on the basis of age, race, color, national and ethnic origin, sexual orientation, gender, disability, marital status and/or religion; FSTM grants to all the rights, privileges, programs and activities generally accorded or made available to any members of the organization.