**Fellow of Neurocritical Care Society (FNCS) Letter of Recommendation**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Profession: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Recommender’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please detail reasons why you believe this individual is qualified for Fellow of Neurocritical Care Society (FNCS). Contributions to the field of neurocritical care must meet all four areas. See all requirements [here](http://www.neurocriticalcare.org/Membership/Fellow-of-Neurocritical-Care-FNCS/FNCS-Inductees). All recommenders are required to be active members of NCS.

**Program Development**

**Scholarly Activities Related to Neurocritical Care**

**Leadership in the Field of Neurocritical Care**

**Professionalism and Collaboration**

By signing below, I am recommending the above applicant for FNCS status within the Neurocritical Care Society.

Recommender Signature

*Letters of recommendation should not be given to the applicant but sent directly to the Neurocritical Care Society. Please return completed letters of recommendation to* [*info@neurocriticalcare.org*](mailto:info@neurocriticalcare.org)*.*