**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). You should know the applicant well (please include the length of time you have known the candidate), particularly in regard to current activities related to neurocritical care. The letter should specifically state, to the best of your knowledge, the applicant's activity in the Neurocritical Care Society and contributions to the field of neurocritical care must demonstrate excellence all four domains: **Program Development, Scholarly Activities related to neurocritical care, Leadership in the field of neurocritical care and Professionalism and Collaborative Practice**.

Letters that are general, not specific, and based on only occasional or distant contact***may be detrimental to the credentials process.*** All recommenders are required to be an active member of the Neurocritical Care Society. **Please have your letter submitted by 11:59 pm CT on Friday, April 11**.

**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**.*