



The
FLORIDA SCHOOL
of TRADITIONAL MIDWIFERY

810 East University Avenue
Gainesville, FL 32601

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www.MidwiferySchool.org
E-MAIL: info@midwiferyschool.org

Letter of Recommendation

Applicant's Name: _____

Your name and mailing address: _____

Length of time you have known the applicant: _____

Please describe your relationship to the applicant: _____

Please comment (using extra pages if necessary) on the applicant's:

➤ Ability to cope with stress:

➤ Ability to follow through on activities/commitments:

➤ Initiative:

➤ Ability to cooperate with others:

➤ Character:

➤ Emotional stability:

➤ Common sense, intuitive abilities:

➤ Enthusiasm:

➤ Leadership abilities:

➤ 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?

- yes
- no

Additional Comments

Signature _____ Date _____

All information provided will be kept confidential. Please return this completed form to

***The Florida School of Traditional Midwifery
Attention: Admissions Committee
810 East University Avenue
Gainesville, Florida 32601***

Thank you for your time.