

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Recipient's Name]  
[Recipient's Title]  
[Institution's Name]  
[Institution's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to highly recommend [Applicant's Name] for the Licensed Practical Nurse (LPN) program at [Institution's Name]. I have had the pleasure of knowing [Applicant's Name] for [duration] as [describe your relationship, e.g., a supervisor, instructor, etc.], and during this time, I have witnessed their dedication, compassion, and strong work ethic.

[In this paragraph, provide specific examples of the applicant's skills, qualities, and experiences that make them an excellent candidate for the LPN program.]

[In this paragraph, discuss their ability to work in a team, communicate effectively, and handle stressful situations. Mention any relevant experiences in healthcare or related fields.]

I have no doubt that [Applicant's Name] will excel in the LPN program and contribute positively to [Institution's Name] and the nursing community.

I strongly recommend them without reservation.

Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information.

Sincerely,

[Your Name]  
[Your Title/Position]  
[Your Institution/Organization, if applicable]