

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

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

Dear [Recipient's Name],

I am writing to express my enthusiastic support for [Applicant's Name] as they apply for the LPN program at [Institution Name]. I have had the pleasure of knowing [Applicant's Name] for [duration of time] in the capacity of [your relationship, e.g., supervisor, mentor, teacher], and I can confidently say that they possess the qualities and skills necessary for success in the nursing field.

[Insert specific examples of the applicant's strengths, such as dedication, compassion, teamwork, leadership, or any relevant skills related to nursing.]

I believe that [Applicant's Name] has a genuine passion for healthcare and a strong commitment to helping others. Their ability to connect with patients and their dedication to continuous learning makes them an ideal candidate for the LPN program.

I wholeheartedly support [Applicant's Name]'s application and am confident that they will thrive in your program and contribute positively to the nursing profession. Please feel free to contact me at [your phone number] or [your email address] if you require any further information.

Thank you for considering this recommendation.

Sincerely,

[Your Name]
[Your Title/Position] (if applicable)
[Your Organization] (if applicable)