



44 Canal Center Plaza, Suite 301, Alexandria, VA 22314
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NMFP-AC
NAADAC MINORITY FELLOWSHIP
PROGRAM FOR ADDICTION COUNSELORS

Recommendation Letter from the Personal Associate

To submit a recommendation for an NMFP-AC Applicant, please answer the questions below, but note that you are welcome to expand on the applicant's qualities. The strength of your recommendation counts in the review and scoring process. NMFP-AC funds are limited and complete applications are reviewed and approved on a first-come, first-served basis. Therefore, please submit your recommendation as soon as possible to give the applicant the best chance for approval. Thank you.

Applicant's Name: _____
First Name *Middle Name* *Last name*

In your recommendation letter, please address the following:

- A. How long and in what capacity have you known the applicant?
- B. Please comment on the candidate's academic qualifications and ability to complete the proposed program within the 12-month period of time required.
- C. Provide descriptive comment that will assist in providing a complete picture of the applicant's character, attitude, abilities and potential as an addiction/substance use disorder counselor.
- D. Include any other feedback or concerns about the candidate's capacity to complete this program

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Address: _____

Email: _____ Phone: (_____) _____



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Recommendation Letter from the Personal Associate – Page 2

Applicant's Name: _____
First Name *Middle Name* *Last name*

Signature: _____ Date: _____

Printed Name: _____