



New Hampshire
State Council on the Arts

Arts in Health Artist Directory Health & Healing Track Recommendation Form

Health & Healing Track ONLY

To the Applicant: Print three copies and complete the top portion on all copies. Distribute to three references to complete Evaluator section below.

Arts in Health (AIH) Artist Directory Applicant _____

Full Mailing Address _____

Primary Daytime Phone _____ Home Work Cell

Email Address _____

I am applying to the Health & Healing Track (please check box to confirm).

IMPORTANT: if you are applying to the Public Health Track, please use the recommendation form designated for such.

I hereby waive any right to examine this letter of recommendation. I realize that the New Hampshire State Council on the Arts will utilize this recommendation only in conjunction with consideration of my application to be on the Arts in Health Directory.

I agree to the above waiver:

I do NOT agree to the above waiver:

Signature of Applicant

Date

Signature of Applicant

Date

To the Evaluator: Thank you for providing a candid evaluation of the above-named artist's preparation for and ability to succeed as an Arts in Health artist. If the applicant has agreed to the above waiver, the New Hampshire State Council on the Arts will hold the letter as confidential. When you have completed this form, please sign and return the original to the applicant *in a sealed envelope*. If you prefer to return this form directly to the Arts in Health Coordinator at the New Hampshire State Council on the Arts, please notify the applicant that you have sent it directly. **Please complete both pages of this recommendation form and use additional paper to respond to the following questions** (limit response to questions to no more than two typed pages).

1. How long have you known the applicant and in what capacity?
2. Briefly describe your observations of this artist working or teaching in an Arts in Health capacity. Include the name and/or type of facility where the applicant was working and what population(s) they were serving.
3. Please rate the applicant in the following areas:

Criteria	Unable to Judge	Below Average	Average	Good	Very Good	Outstanding
Communication skills (oral and written)						
Planning/organizational skills						
Work style (ability to creatively problem solve and adapt to challenging situations)						
Professionalism (personal presentation, work style, and program materials)						
Ability to explain benefits of their art form in health & healing						
Rapport with program participants, facility staff, and project partners						
Ability to connect and engage with persons of all ages and abilities						

PLEASE CONTINUE TO PAGE TWO

Criteria	Unable to Judge	Below Average	Average	Good	Very Good	Outstanding
Ability to adapt artistic presentation/activities to enable vulnerable persons and people of all abilities to engage and participate						
Ability to maintain boundaries/confidentiality						
Extensiveness of prior work experience in health care settings						
Overall quality of artistic programming						
Overall quality of artistic work						

4. Additional Comments: What else do you want us to know about this applicant’s work and qualifications to participate as an Arts in Health Directory artist?

5. Please check the category that most accurately summarizes your recommendation:

- Highly Recommend
 Recommend
 Recommend with reservations
 I do not recommend the applicant

Evaluator's Signature _____ Date _____

Name (Print) _____

Position/Title _____

Employer/Institution _____

Full Mailing Address _____

Primary Daytime Phone: _____ Email _____

If returning directly to New Hampshire State Council on the Arts, please send to:

New Hampshire State Council on the Arts
 Attn. Emily Killinger, AIH Program Coordinator
 172 Pembroke Road
 Concord, NH 03301

Questions about the [Arts in Health Artist Directory](#) or this Recommendation Form?

Please contact Emily Killinger, Program Coordinator

Emily.R.Killinger@dncr.nh.gov | 603-271-0794