

## Training Officer Recommendation Form

ALL APPLICATIONS MUST BE RECEIVED BY **January 2, 2024**

Applicant Information (To be completed by applicant)	
Name	<input type="checkbox"/> I waive the right to review this recommendation. <input type="checkbox"/> I wish to retain the right to review this
You may give or email a hard copy of this form to your Training Officer	

This recommendation form should be filled out by the Training Officer							
Name							
Email			Phone				
Agency Name		Agency Position					
How long have you known the applicant? <input type="checkbox"/> < 1 year <input type="checkbox"/> 1-2 years <input type="checkbox"/> 3-5 years <input type="checkbox"/> 5+ years							
Is this applicant a released Attendant in Charge with your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Is this applicant in good standing with your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No							
					Observed Not		
<b>Applicant's Affective Characteristics:</b>							
<b>Knowledge:</b> Knowledge level as a competent EMT			Excellent	Good	Fair	Poor	Observed Not
<b>Skills:</b> Skill level of a competent EMT			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Initiative:</b> Assesses the ability to initiate things independently			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Professional Appearance:</b> Clean/neat appearing, good personal hygiene and grooming			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Attitudes:</b> Pleasant and friendly in their interactions with you, staff and patients			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Integrity:</b> Honest, able to be trusted with the property and confidential information			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Empathy:</b> Shows compassion for patients, families and co-workers			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Respect:</b> Being polite to others, not using derogatory or demeaning terms			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Teamwork:</b> Placing the success of the team above self interest			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Communications:</b> Speaks clearly, writes legibly; listens actively			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self-Motivations:</b> Takes initiative to complete assignments			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Time Management:</b> Consistent punctuality; completing tasks efficiently and on time			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Self Confidence:</b> Demonstrates awareness of strengths and limitations			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Overall:</b> General impression of applicant			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments pertaining to affective characteristics:							
Do you recommend this applicant for the AEMT Course? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Will your agency be invoiced by UVA for tuition? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Do you have any other comments or concerns?				Do you wish to be contacted? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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