

## Training Officer Recommendation Form

ALL APPLICATIONS MUST BE RECEIVED BY **January 2, 2024****Applicant Information (To be completed by applicant)**

Name

- ☐ I waive the right to review this recommendation.  
☐ 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? ☐ < 1 year ☐ 1-2 years ☐ 3-5 years ☐ 5+ yearsIs this applicant a released Attendant in Charge with your agency? ☐ Yes ☐ NoIs this applicant in good standing with your agency? ☐ Yes ☐ No**Applicant's Affective Characteristics:****Knowledge:** Knowledge level as a competent EMT**Skills:** Skill level of a competent EMT**Initiative:** Assesses the ability to initiate things independently**Professional Appearance:** Clean/neat appearing, good personal hygiene and grooming**Attitudes:** Pleasant and friendly in their interactions with you, staff and patients**Integrity:** Honest, able to be trusted with the property and confidential information**Empathy:** Shows compassion for patients, families and co-workers**Respect:** Being polite to others, not using derogatory or demeaning terms**Teamwork:** Placing the success of the team above self interest**Communications:** Speaks clearly, writes legibly; listens actively**Self-Motivations:** Takes initiative to complete assignments**Time Management:** Consistent punctuality; completing tasks efficiently and on time**Self Confidence:** Demonstrates awareness of strengths and limitations**Overall:** General impression of applicant

Comments pertaining to affective characteristics:

Do you recommend this applicant for the AEMT Course? ☐ Yes ☐ NoWill your agency be invoiced by UVA for tuition? ☐ Yes ☐ No

Do you have any other comments or concerns?

Do you wish to be contacted? ☐ Yes ☐ No

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For more information visit: www.uvaprehospital.com