**UVA Prehospital Education 2024 Fall AEMT Class**

# Chief/Captain Recommendation Form

ALL APPLICATIONS MUST BE RECEIVED BY **July 1, 2024**

| **Applicant Information (To be completed by applicant)** | |
|---|---|
| Name | ☐ I waive the right to review this recommendation.<br>☐ I wish to retain the right to review this |
| You may give or email a hard copy of this form to your Chief/Captain. | |

**This recommendation form should be filled out by the Chief/Captain**

Name

Email Phone

Agency Name Agency Position

How long have you known the applicant? ☐ < 1 year ☐ 1-2 years ☐ 3-5 years ☐ 5+ years

Is this applicant a released Attendant in Charge with your agency? ☐ Yes ☐ No

Is this applicant in good standing with your agency? ☐ Yes ☐ No

| ***Applicant's Affective Characteristics:*** | Excellent | Good | Fair | Poor | Not Observed |
|---|---|---|---|---|---|
| ***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 ☐ No

Will 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 |
|---|---|
| | |

Mail: UVA Prehospital, 2205 Fontaine Ave, Suite 303, Charlottesville, VA 22903 Email: Robin Clark, robinclark@virginia.edu For more information visit: www.uvaprehospital.com

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