

Chief/Captain Recommendation Form

ALL APPLICATIONS MUST BE RECEIVED BY **June 10, 2026**

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 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? <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					
					Excellent
					Good
					Fair
					Poor
					Observed Not
Applicant's Affective Characteristics:					
Knowledge: Knowledge level as a competent EMT					<input type="checkbox"/>
Skills: Skill level of a competent EMT					<input type="checkbox"/>
Initiative: Assesses the ability to initiate things independently					<input type="checkbox"/>
Professional Appearance: Clean/neat appearing, good personal hygiene and grooming					<input type="checkbox"/>
Attitudes: Pleasant and friendly in their interactions with you, staff and patients					<input type="checkbox"/>
Integrity: Honest, able to be trusted with the property and confidential information					<input type="checkbox"/>
Empathy: Shows compassion for patients, families and co-workers					<input type="checkbox"/>
Respect: Being polite to others, not using derogatory or demeaning terms					<input type="checkbox"/>
Teamwork: Placing the success of the team above self interest					<input type="checkbox"/>
Communications: Speaks clearly, writes legibly; listens actively					<input type="checkbox"/>
Self-Motivations: Takes initiative to complete assignments					<input type="checkbox"/>
Time Management: Consistent punctuality; completing tasks efficiently and on time					<input type="checkbox"/>
Self Confidence: Demonstrates awareness of strengths and limitations					<input type="checkbox"/>
Overall: General impression of applicant					<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 By completing this recommendation, I affirm that the applicant is a competent EMT. I attest to their cognitive, psychomotor, and affective abilities and that they are able to perform any and all skills, procedures, and overall patient care meets that of national standards.

Mail: UVA Prehospital, 2205 Fontaine Ave, Suite 303, Charlottesville, VA 22903

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For more information visit: www.uvaprehospital.com