UVA Prehospital Education 2026 Fall AEMT Class

Training Officer Recommendation Form

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

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+ 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

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.

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For more information visit: www.uvaprehospital.com