

**UVA Prehospital Education 2018 AEMT Class
Chief/Captain Recommendation Form**

ALL APPLICATIONS MUST BE RECEIVED BY **December 1, 2017**

| 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 or you can send a link for the online form to your Chief/Captain. Sending the link to the online form waives your right to review the recommendation: https://goo.gl/forms/mEpBERCpbMxz0cIN2 | |

| 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 a in good standing with your agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | |
| | | | | | Excellent | | | | |
| | | | | | Good | | | | |
| | | | | | Fair | | | | |
| | | | | | Poor | | | | |
| | | | | | Observed Not | | | | |
| <i>Applicant's Affective Characteristics:</i> | | | | | | | | | |
| <i>Knowledge:</i> Knowledge level as a competent EMT | | | | | □ | □ | □ | □ | □ |
| <i>Skills:</i> Skill level of a competent EMT | | | | | □ | □ | □ | □ | □ |
| <i>Initiative:</i> Assesses the ability to initiate things independently | | | | | □ | □ | □ | □ | □ |
| <i>Professional Appearance:</i> Clean/neat appearing, good personal hygiene and grooming | | | | | □ | □ | □ | □ | □ |
| <i>Attitudes:</i> Pleasant and friendly in their interactions with you, staff and patients | | | | | □ | □ | □ | □ | □ |
| <i>Integrity:</i> Honest, able to be trusted with the property and confidential information | | | | | □ | □ | □ | □ | □ |
| <i>Empathy:</i> Shows compassion for patients, families and co-workers | | | | | □ | □ | □ | □ | □ |
| <i>Respect:</i> Being polite to others, not using derogatory or demeaning terms | | | | | □ | □ | □ | □ | □ |
| <i>Teamwork:</i> Placing the success of the team above self interest | | | | | □ | □ | □ | □ | □ |
| <i>Communications:</i> Speaks clearly, writes legibly; listens actively | | | | | □ | □ | □ | □ | □ |
| <i>Self-Motivations:</i> Takes initiative to complete assignments | | | | | □ | □ | □ | □ | □ |
| <i>Time Management:</i> Consistent punctuality; completing tasks efficiently and on time | | | | | □ | □ | □ | □ | □ |
| <i>Self Confidence:</i> Demonstrates awareness of strengths and limitations | | | | | □ | □ | □ | □ | □ |
| <i>Overall:</i> General impression of applicant | | | | | □ | □ | □ | □ | □ |
| Comments pertaining to affective characteristics: | | | | | | | | | |
| | | | | | | | | | |
| Do you recommend this applicant for the 2018 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 | | | | |
| | | | | | | | | | |

Email: Uvaprehospital@virginia.edu or Mail: UVA Prehospital, 2205 Fontaine Ave, Suite 303, Charlottesville, VA 22903
 For Questions: Program Director: Valerie Quick, valquick@virginia.edu
 For more information visit: www.uvaprehospital.com