

**UVA Prehospital Education 2018 AEMT Class
Training Officer 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 Training Officer					
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					
<i>Applicant's Affective Characteristics:</i>	Excellent	Good	Fair	Poor	Not Observed
<i>Knowledge:</i> Knowledge level as a competent EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Skills:</i> Skill level of a competent EMT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Initiative:</i> Assesses the ability to initiate things independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Professional Appearance:</i> Clean/neat appearing, good personal hygiene and grooming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Attitudes:</i> Pleasant and friendly in their interactions with you, staff and patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Integrity:</i> Honest, able to be trusted with the property and confidential information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Empathy:</i> Shows compassion for patients, families and co-workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Respect:</i> Being polite to others, not using derogatory or demeaning terms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Teamwork:</i> Placing the success of the team above self interest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Communications:</i> Speaks clearly, writes legibly; listens actively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self-Motivations:</i> Takes initiative to complete assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Time Management:</i> Consistent punctuality; completing tasks efficiently and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Self Confidence:</i> Demonstrates awareness of strengths and limitations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Overall:</i> General impression of applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	

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 For Questions: Program Director: Valerie Quick, valquick@virginia.edu
 For more information visit: www.uvaprehospital.com