

Upstate Medical University
Department of Emergency Medicine
Paramedic Program

Recommendation Form

To be completed by a person other than a relative familiar with your academic abilities, professional background or EMS activities (e.g. supervisors, teachers, volunteer agency chiefs, etc.)

Name of Candidate: _____

Notice to person providing the reference:

Pursuant to federal law, a student can access the evaluation in his/her file unless the student in the section below waives that right. Such waiver is not required.

Applicant Waiver Choice:	
I <u>do</u> permanently waive my right to see this document.	
I <u>do not</u> waive my right to see this document	
_____	_____
Signature of Candidate	Date

You have been selected by the candidate noted above to provide a personal or professional reference / recommendation as part of their paramedic program application. Upstate Emergency Medicine Inc. selection process will review the student's application, references and the applicants individual performance during the prescreening process, your input is crucial to determining if the applicant will be a successful paramedic program graduate. Thank you in advance for taking the time to support our applicant and the Upstate Emergency Medicine Paramedic Program.

Name of Reference:	Relationship to Applicant:	Contact Phone Number:
Email Address:		How long have you known the applicant:

May we contact you with any questions: **Yes** **No**

Please list three attributes that will help the student succeed in their endeavor to become a paramedic:

1.
2.
3.

Please identify three character traits that may become a stumbling block for the student to successfully complete the paramedic program;

1.
2.
3.

Last Name:

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Please rate the candidate in the following areas:	Excellent	Above Average	Good	Below Average	Poor	Unable to Evaluate
Accountability / Responsibility						
Analytical Ability						
Critical Thinking						
Empathy						
Initiative / Motivation						
Interpersonal Communications Skills						
Judgment						
Leadership						
Maturity						
Punctuality						
Regard for Others						
Stress Management						
Study Skills						
Teamwork						
Time Management						

Please provide any other comments:

Would you recommend this candidate for the paramedic program?

Yes

No

Signature of Reference

Date

Please place the recommendation in the envelope provided, seal and sign the envelope across the flap. You may choose to mail the recommendation directory to Upstate Emergency Medicine Inc. or return it directly to the candidate. Thank you for your time and cooperation.

Last Name: