

**Recommendation Form**



**To the Applicant:** This recommendation form should be given to an individual who is in a position to comment on your qualifications for entering the ProMed EMT Academy. Please fill in your name, and give the form to your recommender. You may wish to provide them with a postage paid envelope to expedite its return. The address is provided on the second page of the form.

Last                      First                      MI

**Name** \_\_\_\_\_ **Program ID: ProMed Ambulance EMT Academy**

**To the person making recommendation:** The above individual has made application to a professional EMT program sponsored by ProMed Ambulance. Your assistance in completing this form is appreciated. The information will be used by the Program Coordinator and faculty in the selection of students for admission to the EMT course.

How long have you known the applicant? \_\_\_\_\_

In what capacity? \_\_\_\_\_

Rate the applicant in terms of quality by checking the appropriate space listed below.

Characteristics	Superior	Good	Fair	Poor	Unknown	Comments
Intellectual Ability						
Dependability						
Attitude						
Motivation						
Ability to get along with others						
Ethical Behavior						
Self Confident						
Maturity						
Initiative						
Attendance						
Reaction under Stress						
Honesty						

Indicate below your recommendation of this applicant.

\_\_\_\_\_ Highly recommend

\_\_\_\_\_ Recommend

\_\_\_\_\_ Recommend, but with reservation

\_\_\_\_\_ Do not recommend

Use the space below to make any additional comments.

**(Please print or type the following information)**

Name \_\_\_\_\_

Position/Title \_\_\_\_\_

Institution \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Signature \_\_\_\_\_

**Return Form Directly To:**

ProMed Ambulance, Inc.  
Training & Education Center  
PO Box 11330  
El Dorado, AR 71730

Should you have any questions, please call toll free 1-800-634-0436 and ask to speak with a training center representative.