

Recommendation for Paramedic Bridge Program

EMS Agency Training/Chief Officer

Operational Medical Director *[Check one]*

Section-1: APPLICANT INFORMATION *[To be completed by applicant]*

Last Name

First Name

MI

Certification Number

Applicant Agreement

I hereby waive my right of access to and authorize Jefferson College of Health Sciences to use confidential information including but not limited to letters, statements, and recommendations received in connection with my request for admission to the Paramedic Bridge Program.

Signature

Date

Section-2: RECOMMENDATION *[To be completed by the recommender]*

Directions: We appreciate your cooperation. If additional space is needed, please attach a separate sheet. Please complete this form as soon as possible and SEAL in an envelope. Sign across the seal and return it to the prospective student. If the seal is tampered with, the student will not receive credit for your evaluation/recommendation.

How long have you known the applicant? _____ In what capacity? _____

Please evaluate the applicant by circling the number in the column that most nearly represents your opinion.

Area of Evaluation	Below Average	Average	Above Average (Top 25%)	Superior (Top 10%)
Intellectual Ability	[1]	[2]	[3]	[4]
Ability to Communicate	[1]	[2]	[3]	[4]
Self-Reliance/Independence of Thought	[1]	[2]	[3]	[4]
Motivation	[1]	[2]	[3]	[4]
Integrity	[1]	[2]	[3]	[4]
Profession Interest	[1]	[2]	[3]	[4]
Cooperativeness	[1]	[2]	[3]	[4]
Total				

Recommendation based on applicant's ability to pursue:

Strongly Recommend Recommend Recommend with Reservation Do not Recommend

On the reverse side of this form, please add any comments that may assist Jefferson College of Health Sciences in making a judgment about the applicant's admission to the Paramedic Bridge Program.

Signature *(Original Signature Required)*

Date

Name/Title