

UIC EMERGENCY
 UNIVERSITY OF ILLINOIS
 AT CHICAGO **MEDICAL SERVICES**
 EMS200 Candidate Recommendation Form

EMT Candidate's Name: _____

TO THE RECOMMENDER: *The above candidate has applied to the UIC EMT Education Program (EMS200). To better evaluate the potential student for admission to the course; Please answer the following questions about the candidate.*

1. How long have you known the candidate and to what capacity?

2. Please rate the candidate in the following areas:

	Above Average	Average	Below Average	Unknown
Academic Potential				
Ability to Problem Solve				
Maturity				
Judgement				
Reliability				
Responsibility				

3. What do you consider the candidates's major strengths?

4. What do you consider the candidate's major weaknesses?

5. Briefly, why do you feel the candidate would be successful in this program?

Form Completed By: _____ (Name) _____ (Title) _____ (Signature)