

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)