

REMSA Education & Training Center Paramedic Education Program

450 Edison Way, Reno, NV 89502 (775) 858-5700

Paramedic Program Recommendation Form

Instructions to applicant: Please complete the information below and give this form to the person who will offer a recommendation on your behalf. Also provide this person an envelope addressed to the Paramedic Program Coordinator. This form is to be sent directly to the paramedic school.						
Program Enrollment Date:						
Last Name:	Fir	st Name:			Middle Initia	ıl:
Home Telephone:		Wo	ork Telephone: _			
Email Address:						
Mailing Address:						
Please check to whom form is given to: ☐ Current employer ☐ Other personal/professional/educational reference						
Signature:				Date:		
Instructions to recommender: Please write a short assessment of the applicant below. We are particularly interested in the applicant's strengths, weakness, and characteristics that would help the review committee judge the applicant's ability to succeed in school. Feel free to continue on the other side if needed or to use your own letterhead attached to this form. Please also give your impression of the applicant on the chart below by checking the appropriate rating. Please mail this form directly to the paramedic school. Thank you for your assistance.						
A contract of a letter.	Excellent	Above Average	Average	Below Average	Poor	Unknown
Analytical ability Breadth of knowledge						
Verbal expression skills						
Written expression skills						
Perseverance						
Maturity						
Imagination and creativity						
Overall professional potential			<u> </u>	<u> </u>		
Company Name / Address:			Telephone:			
Print Name/Title			Signature:			