

EM APC Fellowship Recommendation Form

General Information

Applicant name:	<input type="text"/>	Date:	<input type="text"/>
Reference provided by:	<input type="text"/>	Email:	<input type="text"/>
Present position:	<input type="text"/>	Institution:	<input type="text"/>
How long have you known or worked with this applicant?	<input type="text"/>		
Nature of contact:	<input type="text"/>		
If this candidate rotated in your emergency department, what grade was given?	<input type="checkbox"/> Honors <input type="checkbox"/> High Pass <input type="checkbox"/> Pass <input type="checkbox"/> Low Pass <input type="checkbox"/> Fail		
	Comments: <input type="text"/>		

Qualifications for Emergency Medicine: Please rate applicant relative to other EM applicants / peers

	Excellent	Very Good	Average	Below Average
Commitment to Emergency Medicine- has carefully thought out this career choice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work ethic, self-direction and willingness to assume responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to develop and justify an appropriate differential and a cohesive treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Able to work independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What is your prediction for success for this applicant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compared to other PA / NP candidates you have recommended, this candidate ranks as	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Written Comments:

Signature: _____ Date: _____

Thank you for your time and candid responses. Please mail this form in a sealed envelope to the program at which the candidate has applied.

Capital Emergency Associates of TeamHealth EMAPC Fellowship 8301-1 N Capitol of Texas Hwy Suite 450 Austin, TX 78731 Program Director: Kathryn Masters, PA-C	TeamHealth, Mid-America EMAPC Fellowship 2900 S. Telephone Road Suite 250 Moore, OK 73160 Program Director: Deborah Reed, PA-C
Florida Emergency Physicians of TeamHealth EMAPC Fellowship 500 Winderley Place #115 Maitland, Florida 32751 Program Director: Clifford Denney, MD	