



Is this the right application for me?

If you answer "True" to ALL of the following questions, then this is the appropriate application for you.

1.	I am over 18 years' old. □ True
	□ False
2.	I have a high school diploma or equivalent <i>and</i> can provide the college a <i>valid</i> transcript as proof. □ True
	□ False
3.	I have completed the Apply Texas application and been accepted to Alvin Community College as a student. □ True
	□ False
4.	I DO have a valid course completion certificate from a Texas Department of State Health Services approved EMT course.
	□ True
	□ False
5.	I DO have a valid, non-expired, non-suspended TEXAS EMT certification OR documentation of an approved or pending Texas Department of State Health Services EMT certification application
	□ True
	□ False
6	
О.	I have a clear background or meet the criteria outlined on Pages 9-10 of this packet. □ True
_	□ False
7.	I do not abuse drugs or alcohol and will successfully pass the required drug screening. True
_	□ False
8.	I am confident that I am able to meet all of the functional criteria outlined on Pages 5-8. □ True
	□ False
9.	I am able to provide valid documentation of all vaccinations listed on Page 12 of this packet.
	□ True
	□ False
10	. I have a valid Texas driver's license or valid Texas state identification card.
	True
	□ False
11.	I understand that there are associated fees outside of tuition, books, and course fees that financial aid
	does not cover, and I have the financial means to cover these costs. (See Page 15) □ True
	□ False

Advanced EMT Application Checklist

Each of the following documents must be turned in by the posted deadline to the EMT Program administrative assistant in S108. Any missing documents constitutes an incomplete application. Incomplete applications are not considered for entry into the Program.

Completed "Is this the right application for me?" Page
Advanced EMT Application Demographics Page
Vaccination Acknowledgement Form
Background and Drug Screening Acknowledgement Form
Functional and Physical Requirements Acknowledgement Form
Completed Personal Statement Page
3 Completed and Sealed letters of Recommendation
Copy of a CURRENT American Heart Association BLS Provider CPR Certification Card
VALID Texas Department of State Health Services EMT Certification Document
OR
Proof of an approved or pending Texas Department of State Health Services EMT Certification Application

Advanced EMT Application Demographics Page

Last Name:	Firs	t Name:		Middle	e Initial:	Preferred Na	ime:	
Mailing Address:								
Street, PO Box, Rural		t/Unit/TrIr #	City			County	State	Zip
Permanent/Physical Address (If different	from above):							
Street, PO Box, Rural	Ар	t/Unit/Trlr #	City			County	State	Zip
Home Phone:		Cell Pho	ne:		V	/ork Phone:		
Emergency Contact Name:		Emerger	ncy Contact Phone Numb	er:	E	mergency Conta	act Relationship:	
ACC Student Email Address:								
Citizenship:	itizen	□ P	Permanent Resident Alier			□ Internationa	l Student	
Country of Citizenship:			Resident Card Number	(if applica	able):			
☐ High School Graduate OF Certificate	R 🗆 GED	School N	Jame/City/State:		D	ate of Graduatio	n:	
Are you currently enrolled in a	major college or ur	niversity?	□ Yes	□ No		If so, please list	t the name, city, 8	state:
			lleges or Universities A	ttended				
School Name/City/State:		Major &/	or Degree Earned:			ates Attended:		
School Name/City/State:		Major &/	or Degree Earned:		D	ates Attended:		
School Name/City/State:		Major &/	or Degree Earned:		D	ates Attended:		
Have you previously enrolled in an allied health program?	Program Type:		Institution Name:	Ci	ty/State:		Dates Attended	d:
□ YES □ NO								
Do you currently hold any heal ☐ YES ☐ NO	thcare certification((s)?	If so, please list all cred	entials yo	ou current	ly hold:		
Texas Department of State He Certification License Number:	alth Services EMT		National Registry (NRE	MT) EMT	Certificat	tion Number <i>(if a</i>	pplicable):	
Texas Department of State He Certification Expiration Date:	alth Services EMT		National Registry (NRE	MT) EMT	Expiratio	n Date:		
Which pathway are you most in	nterested in?							
□ EMT Certificate □ Adva	nced EMT Certifica	ate 🗆 l	Paramedic Certificate	□ AAS P	aramedic	□ Other (Ple	ease describe bel	ow)
I am a returning Alvin Commur	nity College Emerge	ency Medi	cal Technology Student:		YES	□ NO		
If you are a returning student, v	when were you last	enrolled in	n the Program?	Semeste	er:		Year:	

Vaccination Acknowledgement

I,	Print your First and Last Name), acknowledge that the Alvin Community College
Eme	(Print your First and Last Name) rgency Medical Technology Program clinical affiliates require all Program students entering their
facilit	ties to have documented proof of receiving the following vaccinations (in their entirety of series)
or do	ocumented proof (titer) of immunity:
•	Measles, Mumps, and Rubella Varicella Hepatitis B Negative Tuberculosis Test Tetanus Meningitis (for students who are 17 years to 22 years old) Flu
I,	, acknowledge that the Program clinical affiliates do (Print your First and Last Name)
not a	(Print your First and Last Name) Illow declinations, for any reason, for any of the above listed vaccinations/testing.
immı rotati	, acknowledge that if I do not provide proof of unity of the above listed communicable diseases, I will not be permitted to participate in clinical ons and, therefore, will not achieve all of the course completion requirements needed to take the
EMI	, Advanced EMT, or Paramedic certification exam.
(Print y	vour First and Last Name)
(0:	
(Signa	ture) (Date)

Background and Drug Screening Acknowledgement

l,	, acknowledge that the Alvin Community College
Emergency Medical Technology Progran comprehensive background check once acknowledge that I am responsible for th negative background screen that is not s	n requires each enrolled student to submit to a a year for the duration of enrollment in the Program. I e cost of the background screening. I acknowledge that a upported with approving documentation from the Texas result in immediate mandatory withdrawal from all EMSP
(Print your First and Last Name)	
(Signature)	(Date)
I,	, acknowledge that the Alvin Community College
(Print your First and Last Name) Emergency Medical Technology Progran screening each semester I am enrolled in Paramedic). I acknowledge that I am res	n requires each enrolled student to submit to mandatory drug n an EMT Program clinical course (EMT, AEMT, and ponsible for the cost of each drug screen. I acknowledge that ed Health Programs Drug Screening Policy.
(Print your First and Last Name)	
(Signature)	(Date)

Functional and Physical Requirements Acknowledgement Form

	owledge that I have read, in their entirety, and
(Print your First and Last Name) understand the Functional Job Description, Qualification	ions to Work as an EMS Professional, EMS
Professional Competency Areas, Description of Emer	gency Medical Services Tasks, and the Physical
Guidelines sections of this document. After reading th	ese sections, I do hereby attest that I can
perform all of the functional and physical requirement	s to complete the course and work as an EMS
professional.	
(Print your First and Last Name)	
(Signature)	(Date)



EMERGENCY MEDICAL TECHNOLOGY PROGRAM PERSONAL STATEMENT

1. Please explain in your own words why you wish to enroll in the Advanced EMT course?

Please attach a separate sheet of paper if necessary. Please write legibly.

2. Please tell us about any experiences in the EMS profession that have led you to mate advance your certification?	ake the decision



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

licant(Last Name)	(First Name)	(Middle	Name)
ress			
records under certain con	dment, students at Alvin Community ditions. I hereby waive retain should I become a student at Alvin Cram.	(check one) the rig	hts thus granted i
	Signature of A	applicant	Date
	e of person providing reference) USE THIS FORM ONLY FOR YOU		IDATION
PLEASE U RE The above named person Alvin Community College	USE THIS FORM ONLY FOR YOU MAIL TO ADDRESS AT BO'TURN WITH APPLICANT IN SE. is applying for admission to the Adva e, and has given your name as a reference.	FTOM, OR ALED ENVELOR Inced Emergency Nence. Would you p	PE Medical Tecnician to the second of the s
PLEASE U RE The above named person Alvin Community Colleg applicant's major strength	USE THIS FORM ONLY FOR YOU MAIL TO ADDRESS AT BO'TURN WITH APPLICANT IN SE. is applying for admission to the Adva e, and has given your name as a reference and weaknesses with regard to a can help us in considering the applicant and	TTOM, OR ALED ENVELOR Inced Emergency Mence. Would you preer in health care?	PE Medical Tecnician please comment of Please supply a
PLEASE U RE I. The above named person Alvin Community Colleg applicant's major strength information which might	USE THIS FORM ONLY FOR YOU MAIL TO ADDRESS AT BO'TURN WITH APPLICANT IN SE. is applying for admission to the Adva e, and has given your name as a reference and weaknesses with regard to a can help us in considering the applicant and	TTOM, OR ALED ENVELOR Inced Emergency Mence. Would you preer in health care?	PE Medical Tecnician please comment of Please supply a
PLEASE U RE I. The above named person Alvin Community Colleg applicant's major strength information which might	USE THIS FORM ONLY FOR YOU MAIL TO ADDRESS AT BO'TURN WITH APPLICANT IN SE. is applying for admission to the Adva e, and has given your name as a reference and weaknesses with regard to a can help us in considering the applicant and	TTOM, OR ALED ENVELOR Inced Emergency Mence. Would you preer in health care?	PE Medical Tecnician please comment of Please supply a

A. Academic Potential B. Leadership C. Professional Competence * D. Sense of Responsibility E. Ability to Work with People F. Rapport with Patients * G. Ability to Adapt to New Situations H. Ability to Work Independently I. Reliability I. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve hem Effectively This category should be completed only by those who have had an opportunity iting. * This indicates you have not had the opportunity to observe the applicant in the indicates of the indicates	scriptive comme	ents that will aid in pro
Of the listed characteristics.) Characteristics (3) (2) Above (Average A Average A A		
Characteristics Characteristics (3) (2) Above (Average Average Avera		
Characteristics Characteristics (3) (2) Above (Average Average Avera		
Characteristics Characteristics (3) (2) Above (Average Average Avera		
Characteristics Characteristics (3) (2) Above (Average Average Avera		
Characteristics Characteristics (3) (2) Above (Average A Average		
Of the listed characteristics.) Characteristics (3) (2) Above (Average A Average A A		6.1 11
Characteristics (3) (2) Above (A. Academic Potential B. Leadership C. Professional Competence * D. Sense of Responsibility E. Ability to Work with People F. Rapport with Patients * G. Ability to Adapt to New Situations H. Ability to Work Independently I. Reliability J. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve them Effectively This category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity observe the applicant in the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be completed only by those who have had an opportunity of the category should be category shou	cates your evalu	iation of the applicant in
Superior Average A. Academic Potential		
A. Academic Potential B. Leadership C. Professional Competence * D. Sense of Responsibility E. Ability to Work with People F. Rapport with Patients * G. Ability to Adapt to New Situations H. Ability to Work Independently I. Reliability I. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve hem Effectively This category should be completed only by those who have had an opportunity iting. * This indicates you have not had the opportunity to observe the applicant in the indicates of the indicates	(1)	No Basis for
A. Academic Potential B. Leadership C. Professional Competence * D. Sense of Responsibility E. Ability to Work with People F. Rapport with Patients * G. Ability to Adapt to New Situations H. Ability to Work Independently I. Reliability I. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve hem Effectively This category should be completed only by those who have had an opportuniting. This indicates you have not had the opportunity to observe the applicant in the category should be completed only by those who have had an opportuniting. This indicates you have not had the opportunity to observe the applicant in the category should be completed only by those who have had an opportuniting. This indicates you have not had the opportunity to observe the applicant in the category should be completed only by those who have had an opportuniting. This indicates you have not had the opportunity to observe the applicant in the category should be completed only by those who have had an opportuniting. This indicates you have not had the opportunity to observe the applicant in the category should be completed only by those who have had an opportuniting. This indicates you have not had the opportunity to observe the applicant in the category should be completed only by those who have had an opportuniting. This indicates you have not had the opportunity to observe the applicant in the category should be completed only by those who have had an opportuniting. This indicates you have not had the opportunity to observe the applicant in the category should be completed only by those who have had an opportuniting. This indicates you have not had the opportunity to observe the applicant in the category should be category	\ <i>/</i>	Evaluation **
C. Professional Competence * D. Sense of Responsibility E. Ability to Work with People F. Rapport with Patients * G. Ability to Adapt to New Situations H. Ability to Work Independently I. Reliability I. Oral Communication K. Written Communication K. Written Communication L. Ability to Analyze Problems and Solve hem Effectively This category should be completed only by those who have had an opportunity in the communication observe the applicant in the communication of the communication of the communication of the communication of the complete only by those who have had an opportunity observe the applicant in the communication of th		
D. Sense of Responsibility E. Ability to Work with People F. Rapport with Patients * G. Ability to Adapt to New Situations H. Ability to Work Independently I. Reliability J. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve This category should be completed only by those who have had an opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates type or print Our Name: Title: rganization: Address: State:		
F. Rapport with Patients * G. Ability to Adapt to New Situations H. Ability to Work Independently I. Reliability J. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve them Effectively This category should be completed only by those who have had an opportuenting. * This indicates you have not had the opportunity to observe the applicant in IV. Recommendation for Acceptance: () Strongly recommend () Recommend with reservation () Recommend Ilease type or print Four Name: Figurization: Figurization:		
J. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve them Effectively This category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be completed only by those who have had an opportunity in the category should be category should be completed only by those who have had an opportunity in the category should be c		
G. Ability to Adapt to New Situations H. Ability to Work Independently L. Reliability L. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve them Effectively This category should be completed only by those who have had an opportunity in the string. This indicates you have not had the opportunity to observe the applicant in the string in the str		
H. Ability to Work Independently I. Reliability J. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve This category should be completed only by those who have had an opportunity in the communication. * This indicates you have not had the opportunity to observe the applicant in the complete of the communication of the complete of the communication of the communicatio		
I. Reliability J. Oral Communication K. Written Communication L. Ability to Analyze Problems and Solve them Effectively This category should be completed only by those who have had an opportuetting. * This indicates you have not had the opportunity to observe the applicant in IV. Recommendation for Acceptance: () Strongly recommend () Recommend with reservation () Recommend lease type or print four Name: organization: ity: State:		
I. Oral Communication		
K. Written Communication L. Ability to Analyze Problems and Solve them Effectively This category should be completed only by those who have had an opportunity. * This indicates you have not had the opportunity to observe the applicant in the commendation for Acceptance: () Strongly recommend () Recommend with reservation () Recommend Recommend () Do not recommend		
L. Ability to Analyze Problems and Solve them Effectively This category should be completed only by those who have had an opportunity ting. * This indicates you have not had the opportunity to observe the applicant in the commendation for Acceptance: () Strongly recommend () Recommend with reservation () Recommend () Recommend () Do not recommend () Rease type or print our Name: Title: Address: State: State:		
This category should be completed only by those who have had an opportuniting. * This indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity to observe the applicant in the indicates you have not had the opportunity of the indicates you have not had the opportunity of the indicates you have not had the opportunity of the indicates you have not had the opportunity of the indicates you have not had the opp		
This category should be completed only by those who have had an opportuniting. * This indicates you have not had the opportunity to observe the applicant in the commendation for Acceptance: () Strongly recommend () Recommend with reservation () Recommend () Recommend () Do not recommend Cour Name: Title: Granization: Address: ity: State:		
titing. * This indicates you have not had the opportunity to observe the applicant in the commendation for Acceptance: () Strongly recommend () Recommend with reservation () Recommend () Recommend () Do not recommend Lease type or print Title:		
** This indicates you have not had the opportunity to observe the applicant in IV. Recommendation for Acceptance: () Strongly recommend () Recommend with reservation () Do not recommend Please type or print Your Name: Title: Address: State: State: State: Title: State: To the properties of the applicant in the applicant in the properties of the applicant in	unity to observe	e the applicant in a l
IV. Recommendation for Acceptance: () Strongly recommend () Recommend with reservation () Recommend Please type or print Your Name: Title: Drganization: Address: City: State:	in a situation de	emonstrating this chara
() Strongly recommend () Recommend with reservation () Recommend () Do not recommend Please type or print Your Name: Title: Address: State:	u 5100au 511 u 5	gg
() Recommend () Do not recommend Please type or print Your Name: Title: Drganization: Address: State:		
Please type or print Title: Your Name: Address: Organization: State:	ons as noted in	the comment section
four Name: Title: organization: Address: city: State:		
Your Name: Title: Organization: Address: City: State:		
rganization: Address: ity: State:		
rganization: Address: ity: State:		
hone Number: State: Date:	7:	
none number Date:		
Signature:		

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

PLEASE RETURN THIS FORM TO:

emt@alvincollege.edu



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

(Last Name)	(First Name)	(Middle Nar	me)	
lress				
records under certain con	dment, students at Alvin Community Coll ditions. I hereby waive retain (che should I become a student at Alvin Community College College Community College C	ck one) the rights t	hus granted me	e to se
	Signature of Appl	icant	Date	
(A 1° 44 6°11 °	e • 1• e ›			
	e of person providing reference)			
PLEASE U	e of person providing reference) USE <u>THIS FORM</u> ONLY FOR YOUR I MAIL TO ADDRESS AT BOTTO TURN WITH APPLICANT IN <u>SEALE</u>	OM, OR	TION	
PLEASE U RE I. The above named person Alvin Community Colleg applicant's major strengtl	ISE THIS FORM ONLY FOR YOUR IN MAIL TO ADDRESS AT BOTTO TURN WITH APPLICANT IN SEALE is applying for admission to the Advancede, and has given your name as a reference as and weaknesses with regard to a career thelp us in considering the applicant and respectively.	OM, OR ED ENVELOPE d Emergency Media . Would you pleas in health care? Ple	cal Technician se comment on ease supply any	the y additi
PLEASE U RE I. The above named person Alvin Community Colleg applicant's major strength information which might	ISE THIS FORM ONLY FOR YOUR IN MAIL TO ADDRESS AT BOTTO TURN WITH APPLICANT IN SEALE is applying for admission to the Advancede, and has given your name as a reference as and weaknesses with regard to a career thelp us in considering the applicant and respectively.	OM, OR ED ENVELOPE d Emergency Media . Would you pleas in health care? Ple	cal Technician se comment on ease supply any	the y additi
PLEASE U RE I. The above named person Alvin Community Colleg applicant's major strength information which might	ISE THIS FORM ONLY FOR YOUR IN MAIL TO ADDRESS AT BOTTO TURN WITH APPLICANT IN SEALE is applying for admission to the Advancede, and has given your name as a reference as and weaknesses with regard to a career thelp us in considering the applicant and respectively.	OM, OR ED ENVELOPE d Emergency Media . Would you pleas in health care? Ple	cal Technician se comment on ease supply any	the y additi
PLEASE U RE I. The above named person Alvin Community Colleg applicant's major strength information which might	ISE THIS FORM ONLY FOR YOUR IN MAIL TO ADDRESS AT BOTTO TURN WITH APPLICANT IN SEALE is applying for admission to the Advancede, and has given your name as a reference as and weaknesses with regard to a career thelp us in considering the applicant and respectively.	OM, OR ED ENVELOPE d Emergency Media . Would you pleas in health care? Ple	cal Technician se comment on ease supply any	the y additi

OMMENTS: (Use an extra sheet of paper if	needed) Ple	ease add anv o	lescriptive co	mments that will aid in n	nro'
complete picture of the applicant's abil					10
-					
III. Professional Appraisal: (Please check of the listed characteristics.)	the category	which best in	dicates your e	valuation of the applican	ıt in
Characteristics	(3)	(2) Above	(1)	No Basis for	1
	Superior	Average	Average	Evaluation **	
A. Academic Potential	ж ж р ч ч ч ч				1
B. Leadership					1
C. Professional Competence *					1
D. Sense of Responsibility					1
E. Ability to Work with People					1
F. Rapport with Patients *					1
G. Ability to Adapt to New Situations					
H. Ability to Work Independently					
I. Reliability					
J. Oral Communication					
K. Written Communication					
L. Ability to Analyze Problems and Solve					
them Effectively					
This category should be completed only by the etting. * This indicates you have not had the opportunity.					
	•		ations as note	d in the comment section	1
() Recommend () Do not reco	ommend			
lease type or print					
our Name:		Title:			
rganization:		Address:			
'ity:		State:	Z	ip:	
hone Number:		Date:			
ignature:					

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

PLEASE RETURN THIS FORM TO:

emt@alvincollege.edu



EMERGENCY MEDICAL TECHNOLOGY PROGRAM

Letter of Recommendation

olicant_ ((Last Name)	(First Name)	(Mie	ddle Name)	-
ress					-
rec let	cords under certain condit	nent, students at Alvin Community ions. I hereby waive □retain □ ould I become a student at Alvin C m.	(check one) the	e rights thus granted i	ne to s
		Signature of A	Applicant	Date	-
		of person providing reference)			_
(1.		or person providing relevance,			
(14					
(12		E <u>THIS FORM</u> ONLY FOR YO		IENDATION	
(12	PLEASE US		TTOM, OR		
I. Th Al apj inf	PLEASE US RET de above named person is vin Community College, plicant's major strengths	E THIS FORM ONLY FOR YOU MAIL TO ADDRESS AT BO'URN WITH APPLICANT IN SE. applying for admission to the Adva and has given your name as a refer and weaknesses with regard to a call pus in considering the applicant at	TTOM, OR ALED ENVER	LOPE cy Medical Technicia ou please comment o are? Please supply a	n the ny add
I. Th Al apj inf	PLEASE US RET e above named person is vin Community College, plicant's major strengths formation which might he	E THIS FORM ONLY FOR YOU MAIL TO ADDRESS AT BO'URN WITH APPLICANT IN SE. applying for admission to the Adva and has given your name as a refer and weaknesses with regard to a call pus in considering the applicant at	TTOM, OR ALED ENVER	LOPE cy Medical Technicia ou please comment o are? Please supply a	n the ny add
I. Th Al apj inf	PLEASE US RET e above named person is vin Community College, plicant's major strengths formation which might he	E THIS FORM ONLY FOR YOU MAIL TO ADDRESS AT BO'URN WITH APPLICANT IN SE. applying for admission to the Adva and has given your name as a refer and weaknesses with regard to a call pus in considering the applicant at	TTOM, OR ALED ENVER	LOPE cy Medical Technicia ou please comment o are? Please supply a	n the ny add
. Th Al app inf	PLEASE US RET e above named person is vin Community College, plicant's major strengths formation which might he	E THIS FORM ONLY FOR YOU MAIL TO ADDRESS AT BO'URN WITH APPLICANT IN SE. applying for admission to the Adva and has given your name as a refer and weaknesses with regard to a call pus in considering the applicant at	TTOM, OR ALED ENVER	LOPE cy Medical Technicia ou please comment o are? Please supply a	n the ny ado

OMMENTS: (Use an extra sheet of paper if	needed) Ple	ease add any d	lescriptive co	nments that will aid in pro
complete picture of the applicant's abil				
III. Professional Appraisal: (Please check of the listed characteristics.)	the category	which best inc	dicates your e	valuation of the applicant
Characteristics	(3)	(2) Above	(1)	No Basis for
Sharacteristics	Superior	Average	Average	Evaluation **
A. Academic Potential				
B. Leadership				
C. Professional Competence *				
D. Sense of Responsibility				
E. Ability to Work with People				
F. Rapport with Patients *				
G. Ability to Adapt to New Situations				
H. Ability to Work Independently				
I. Reliability				
J. Oral Communication				
K. Written Communication				
L. Ability to Analyze Problems and Solve				
hem Effectively				
This category should be completed only by the etting. * This indicates you have not had the opportunity.			•	
) Recommen		ations as note	d in the comment section
Please type or print				
our Name:		Title:		
rganization:		Address:_		
ity:		State:	Z	ip:
hone Number:				<u>*</u>
ignature:				

Please note: It is not possible to thank each individual personally for completing a recommendation form. We want you to know, however, that we are aware of the time required and both we and the applicant are most appreciative of your response. Please return this signed form to the applicant in a sealed envelope or to the following address:

PLEASE RETURN THIS FORM TO:

emt@alvincollege.edu