# Cleveland Clinic Akron General • Paramedic Education Program Ohio Accreditation #301 • CAAHEP Accreditation #600072 1 Akron General Avenue • Akron, Ohio 44307 (330) 344-6655

## **CONFIDENTIAL**

<u>Applicant:</u> Please complete the top of each side of this form <u>prior</u> to submitting it to your evaluator. The evaluator must be your EMT-B instructor, medical director, operations director/supervisor, work supervisor, or a professional individual who has known you for at least (2) two years (**No relatives**).

Applicant Name: \_\_\_\_\_

## **Dear Evaluator:**

The above named has made application for the upcoming Paramedic Education Program at Cleveland Clinic Akron General and has given us authorization to make our usual background/reference checks.

The applicant, if selected, will be performing a wide variety of emergency medical procedures and patient evaluations. The applicant will have to perform under stressful and fast acting situations that will take mature, intelligent decisions for the best interest of the patient. Good moral and non-bias character will be needed by the applicant when obtaining personal medical histories as well as physical exams of both genders to determine priorities and treatments for the patients they care for. All of these qualities and more are needed to become a professional health care provider. Please keep these qualities and characteristics in mind when recommending the applicant to the Paramedic Education Program.

We would appreciate you completing the reverse side of this form, which may be returned in the stamped self-addressed envelope provided by the applicant to: Akron General, Paramedic Education Program, c/o Brandon Schoborg, 1 Akron General Avenue, Akron, OH 44307. Your evaluation will be held in strict confidence.

In the event you have information you wish to discuss personally, please contact the office at (330) 344-6655. The student should sign the release clause, and have it witnessed, prior to the reference form being completed.

Thank you in advance for your cooperation.

Sincerely,

Brandon M. Schoborg

Brandon M. Schoborg, MBA, NRP Director, Paramedic Education

BMS/db

### CLEVELAND CLINIC AKRON GENERAL • PARAMEDIC EDUCATION PROGRAM

Ohio Accreditation #301 • CAAHEP #600072

#### To be completed by the Applicant:

#### **REFERENCE FORM**

<u>Authorization and Release:</u> As an applicant for admission into the Paramedic Program at CCAG, I hereby authorize CCAG to fully and completely investigate my background. I further authorize and direct all persons and all of my past employers, physicians, schools, references, and any and all other persons and organizations to answer all questions asked by CCAG concerning, as the case may be, my ability, character, reputation, health, grades, and previous employment record. I do hereby release all such persons and organizations from any liability or damages whatsoever because of having furnished such information to Cleveland Clinic Akron General's Paramedic Education Program.

Signature of Applicant	gnature of Applicant Signature of Witness		Date
<u>T</u>	o be completed by the Eval	luator:	
Your relationship to the applicant:			
How long have you known the applican	t?		
To the best of your knowledge, does the	applicant have or has ever had	any physical, mental, or health defe	ects which would
affect his completion of this educationa	l program? No Yes	If yes, please explain	

Please check the block opposite each characteristic which best fits the individual.	Superior	Good	Average	Poor	Not Observed
Quality of work performed					
Quality of work-ability to produce results					
Learning ability					
Personality - effectiveness in dealing with people					
Character - honesty, loyalty, integrity					
Attitude - interest and enthusiasm toward work					
Dependability - carrying out instructions of supervisor					
Judgement - ability to draw correct conclusions					
Knowledge of work - degree of mastery of working skills					
Attendance/Punctuality					
Initiative					

Would you endorse this applicant as a candidate for the Paramedic Education Program? \_\_\_\_\_Yes \_\_\_\_\_No If no, please comment below.

Please list here any comments which would assist us in evaluating the applicant \_\_\_\_\_

Name (Print)\_\_\_\_

Signature \_\_\_\_

Title/Organization\_\_\_\_

\_Date\_\_\_\_

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\_Date\_\_\_\_

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