



Iowa Emergency Medicine Advanced Practice Provider Residency

Recommendation Form Instructions

Applicants: Please send this form to each of the three professional references you listed on the application form. You should be able to save this pdf to your desktop and email it to your references. The forms should be returned directly to the Admissions Committee. The address is below and also at the bottom of the Recommendation Form.

Letters in addition to this form are not required for application.

Writers: Please be aware that you may not be able to save the form after completion. Please print out the form for submission.

Thank you.

Iowa Emergency Medicine APP Residency Program
Attn: Admissions Committee
University of Iowa Hospitals & Clinics
200 Hawkins Dr, 1008 RCP
Iowa City, IA 52242



University of Iowa Health Care

Department of Emergency Medicine

Iowa Emergency Medicine Advanced Practice Provider Residency Recommendation Form

Applicant's Name:

Reference Provided By:

Present Position:

E-mail:

Institution:

Telephone Number:

A. Background Information

1. How long have you known the applicant?

2. Nature of contact with applicant:

3. Did this student rotate at your institution? Yes No

3a. Did the student rotate in the ED? Yes No; Department

3b. What grade was given?

Honors High Pass Pass Fail

5. For students that rotated in your department last academic year, please indicate what percentage received the following grades:

Total # of students last year	Honors %	Near Honors %	Pass %	Fail %	Total 100%
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B. Qualifications for EM. Compare the applicant to other EM applicants/peers.

1. Commitment to Emergency Medicine. Has carefully thought out this career choice.

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

2. Work ethic, willingness to assume responsibility.

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

3. Ability to develop and justify an appropriate differential and a cohesive treatment plan.

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

4. Ability to interact with others

Superior Excellent Adequate Poor

5. Ability to communicate a caring nature to patients

Superior Excellent Adequate Poor

6. How much guidance do you predict this applicant will need during residency?

Almost None Minimal Moderate

7. Given the necessary guidance, what is your prediction of success for the applicant?

Outstanding Excellent Good

C. Global Assessment

1. Compared to other PA student/graduate candidates you have recommended, this candidate is ranked as:

Outstanding (top 10%) Excellent (top 1/3) Very Good (middle 1/3) Good (lower 1/3)

2. Number of recommendation letters you wrote last year:

3. How highly would you estimate the likelihood of this applicant obtaining the residency or job of their first choice?

Very competitive Competitive Possible Unlikely

D. Written Comments

Signature:

Date:

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER

Please send completed form to: Iowa EM APP Residency Program, Attn: Admissions Committee, University of Iowa Hospitals and Clinics, 200 Hawkins Dr, 1008 RCP, Iowa City, IA 52242