



State University of New York at Buffalo EMS Fellowship Recommendation

Directions:

(applicant name) _____ has applied for a position as an EMS Fellow at the State University of New York at Buffalo in Buffalo, NY. Please fill out this recommendation letter for this applicant and return it by mail to Jeff Myers, D.O., Ed.M., EMS Fellowship Director, Erie County Medical Center, 462 Grider Street, Buffalo, NY 14215. Alternatively, a signed recommendation can be scanned and e-mailed to jwmyers@buffalo.edu.

Applicant Waiver:

I, (applicant name) _____, waive do / not waive my right to view this letter.

applicant name

Date

Information about yourself:

Name: _____ Degree _____

Current Position: _____

Address: _____

Phone Number: (____) ____ - _____

e-mail: _____

Information about the applicant:

How long have you known the applicant?

In what capacity have you known the applicant?

Overall, what are the applicant's strengths?



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Overall, what are the applicant's weaknesses?

Please describe a situation or project that demonstrated the applicant's leadership abilities and self motivation to complete the project (this does not need to be EMS related).

Please describe a situation where the applicant had a conflict with another individual and how the applicant handled the conflict. This may include other ED staff, residents, consultants, or EMS personnel.

Please comment on the applicant's abilities as a clinician.

Please comment on the applicant's abilities as an educator.

Please comment on the applicant's interactions with the EMS community.

