

**UCSF Fresno Emergency Medicine
Physician Assistant Residency
Recommendation Form**

Applicant's Name:

Reference Provided By:

Title:

Email:

Institution:

Telephone Number:

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
Did the student rotate in the ED? ☐ Yes ☐ No (If no, department:)
What grade was given?
☐ Honors ☐ High Pass ☐ Pass ☐ Fail

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 in a caring nature to patients
☐ Superior ☐ Excellent ☐ Adequate ☐ Poor
6. Given the necessary guidance, what is your prediction of success for the applicant?
☐ Outstanding ☐ Excellent ☐ Good ☐ Fair

Global Assessment

1. Compared to other candidates you have recommended, this applicant is ranked as:
☐ Outstanding (top 10%) ☐ Excellent (top 1/3) ☐ Very Good (middle 1/3) ☐ Good (lower 1/3)

Written Comments**Questions or Comments?**

Fred Wu, PA-C, MHS
Program Director, PA Emergency Medicine Residency
UCSF Fresno Medical Education Program
fwu@fresno.ucsf.edu

Signature:**Date:****APPLICANT HAS WAIVED RIGHT TO SEE THIS LETTER ☐****Please send completed form to:**

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