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:

UCSF Fresno Emergency Medicine
Attn: PA Residency Program
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Fresno, CA 93701
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