



Regions Hospital®

Emergency Center

**2022-2023 APPLICATION SEASON
Regions Hospital Emergency Medicine Physician Assistant Residency
Recommendation Form**

Applicant's name:

Reference provided by:

Present Position:

Email:

Institution:

Telephone number:

Date:

A. Background information

- How long have you known this applicant?
- Nature of contact with applicant:
- If this candidate rotated in your ED, what grade was given?
 Honors High Pass Pass Low Pass Fail

- Is this the student's first or second EM rotation?

What date(s) did the student rotate at your institution?

- Indicate what % of students rotating in your ED received the following grades

| | | | | | |
|----------------------------|--------|-----------|--------------|----------------|-------|
| Total # students last year | Honors | Excellent | Satisfactory | Unsatisfactory | Total |
| | % | % | % | % | 100% |

B. Qualifications for EM. Compare the applicant to other EM applicants/peers.

- 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)
- 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. Communication skills:

Superior Excellent Adequate Poor

5a. How much guidance do you predict this applicant will need during residency?

Almost None Minimal Moderate

5b. 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)

| Total # of EM letters written last year | Total # recommended as such last academic year |
|---|--|
| | |

D. Written comments:

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Signature: _____

Date: _____

STUDENT HAS WAIVED RIGHT TO SEE THIS LETTER