



Regions Hospital[®]

Emergency Center

**2023-2024 APPLICATION SEASON
Regions Hospital Emergency Medicine Physician Assistant
Fellowship 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