



Ralph N. Rogers, MD Leadership Fund

PROFESSIONAL RECOMMENDATION REQUEST

has requested that you provide a reference for him/her for the awardee of the Ralph N. Rogers, MD Leadership Fund sponsored by the Commission on Accreditation of Medical Transport Systems (CAMTS).

This is a scholarship that offers the awardee funds towards the completion of a professional leadership course (MTLI) or a Master's level degree to promote leadership in the medical transport of patient care and safety of the transport environment.

The CAMTS Leadership Fund Selection Committee would appreciate your cooperation in determining his/her potential for success in completing a Master's level degree or leadership course (MTLI) (or as approved by the selection committee). The application will be considered incomplete until you have returned this form. All appraisals are held in confidence. This form has been read and approved by the applicant whose signature appears below.

The evaluation form on the next page is intended to help you present information about the applicant. Any additional comments you wish to make about this applicant are most welcome. We appreciate your assistance and would like to assure you that your comments will be carefully considered.

Thank you,

Ralph N. Rogers, MD Leadership Fund Selection Committee

I have read and approved this request for information. I understand that I may voluntarily waive my right to have access to this reference letter. I hereby waive, relinquish and disclaim all rights to have access to the Recommendation Request described in this form.

Signature of Applicant:

Date

The deadline for this form is 1/10/2024.



Ralph N. Rogers, MD Leadership Fund

Evaluation For (Applicants Name):

Please check what describes this applicant to the best of your knowledge.

Dependability

Moral Integrity

Accountability

Objectivity

Initiative

Enthusiasm

Knowledge Base

Quality of Work

Leadership Skills

Confidentiality

Professionalism

Comments: *(Attach additional sheets as needed)*

How long have you known this applicant?

In what capacity?

Recommender's Name (Type or Print) - Position/Title

Company/Institution _ Business Phone

Signature of Recommender:

Date

Please email this reference form directly to admin@camts.org