



The Center for Learning & Innovation
1979 Marcus Avenue, Suite 101
Lake Success, New York 11042
PH: 516.396.6150
FX: 516.396.6171
E-Mail: CLI@nshs.edu
Website: www.nslj.com/cli



Professional Reference Request Instructions

As an applicant, you are ultimately responsible for insuring your application is complete and ready for evaluation by the Admissions Committee. Part of that process is making sure that your references have been submitted by the people you have selected to provide those references. Here are some instructions to assist you in obtaining those references.

1. A Sample Request for Professional Reference is available online and/or via email. This sample contains information that the admissions committee will need to properly evaluate your application.
2. The Sample Request for Professional Reference is a PDF form that allows you to enter your personal information in the fields provided. Once you have entered the information into the form, please print out the form and deliver it to the individual that will be providing your reference.
3. It is strongly suggested that you also provide the individual with an envelope addressed as indicated in the Sample Request for Professional Reference. This will expedite the process for the individual providing the reference.
4. The professional reference may also be faxed (516-396-6171) or scanned and email (CLI@nshs.edu). The reference must contain the name and signature of the individual, and be completed on agency letterhead.
5. Your application will not be considered by the admissions committee unless it is complete, and contains all reference letters.
6. You will be contacted in the event that any item is missing; however, the Center for Learning and Innovation will not be responsible for obtaining any of the missing items. This is solely your responsibility.



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Professional Recommendation Request

Program: Paramedic Original Program

Location: Emergency Medical Institute, Center for Learning and Innovation
 North Shore-LIJ Health System

Name of Applicant: _____

Address: _____

The above-named applicant has applied for admission to the Paramedic Program at the Emergency Medical Institute, Center for Learning and Innovation, of the North Shore-LIJ Health System. We need you to provide information concerning the applicant as it relates to their ability to complete the program and achieve certification as an Advanced Emergency Medical Technician-Paramedic (AEMT-Paramedic) in the State of New York. **All letters of professional recommendation must be on official agency letterhead and contain your contact information, in case the program needs to communicate with you about information contained therein.**

Please consider providing information about the applicant in the following areas:

1. Length of time you have known the applicant and in what capacity.
2. Professional qualifications, employment record, and educational background.
3. Communication skills.
4. Decision making and problem solving skills.
5. Teamwork and Interpersonal skills.
6. Personal Responsibility and Integrity.

Please be sure to include the name of the program that the applicant is applying for in the recommendation letter. **Applications for admission will not be considered until we have received the letter of professional recommendation.**

Please return letters of recommendations directly to:

Center for Learning and Innovation
 North Shore-LIJ Health System
 1979 Marcus Avenue, Suite 101
 Lake Success, New York 11042
 Attention: Anthony Conrardy-Paramedic Program Director

Thank you for your time and assistance in providing the applicant an opportunity to join our program.