**Waiver**
The Family Education Rights and Privacy Act of 1974 (FERPA) gives applicants the right to access letters of reference written unless they choose to waive their right of inspection and review. Prior to requesting a reference from each evaluator, you are required to indicate on your PTCAS application whether you wish to waive your rights. PTCAS will release your decision to waive or not waive access to this reference to your evaluator and your designated physical therapist (PT) programs.

- [ ] I waive my right of access to this letter of reference
- [ ] I do NOT waive my right of access to this letter of reference

**Applicant Authorization**
In order for PTCAS to process your references, you must certify the following statements:

- [ ] I hereby give PTCAS permission to contact the evaluator below via email to request the completion of the PTCAS reference request form and letter of reference. If my evaluator does not submit a paper or online evaluation form to PTCAS in response to the email request, it is my sole responsibility to contact the evaluator directly to ensure all references required by my designated PT programs are received by the deadline.
- [ ] I understand that the physical therapist programs to which I am applying may contact the evaluator either to verify the information provided and/or for further clarification of the information provided, and I hereby give permission for the programs to do so.

Applicant’s Signature: ___________________________________________ Date: __________
Name of Evaluator: ________________________________________________

**INSTRUCTIONS FOR EVALUATORS**

- Complete the PTCAS Reference Request Form
- Attach the completed PTCAS form to a letter of reference on institutional or professional letterhead.
- Cite specific instances or evidence to support your comments in the reference letter.
- Send to PTCAS at your earliest convenience, so the applicant will not miss any deadlines.
- Submit your letter of reference and completed form in a single sealed envelope to the address below:

**PTCAS – LOR, P.O. BOX 9112, WATERTOWN, MA 02471**

PT programs may not consider a paper reference unless the PTCAS form is completed and attached. The bar-coded PTCAS form also enables PTCAS to more easily match each reference to the correct applicant. PTCAS will not accept references mailed by applicants.

We greatly appreciate your time and effort to prepare this reference. If you have questions, you may contact PTCAS at 617-612-2040 or email ptcasinfo@ptcas.org.
PHYSICAL THERAPIST CENTRALIZED APPLICATION SERVICE
REFERENCE REQUEST FORM

Applicant: ____________________________________________

Name: ____________________________________________
PTCAS ID Number: __________________________________

INSTRUCTIONS TO EVALUATORS: PLEASE ENTER YOUR CONTACT INFORMATION BELOW.

Evaluator’s Name: __________________________________
Position: ___________________________________________
Name of Institution or Organization: _______________________
Department or Division: _________________________________
Street Address 1: _____________________________________
Street Address 2: _____________________________________
City: __________________________________ State: ___ Zip/Postal Code: ___________
Country: ____________________________________________
Email Address: ______________________________________
Phone: ____________________________________________

PLEASE RESPOND TO THE FOLLOWING QUESTIONS REGARDING THE APPLICANT:

How long have you known the applicant*? Months: ____ Years: ____
How well do you know the applicant*? □ Very Well □ Moderately □ Minimally □ Not at All
With what organization or institution were you affiliated when you interacted with the applicant*?
____________________________________________________________________________________________________________________

Select one role that best describes your primary interaction with the applicant*:

☐ Academic ☐ Health Care Professional ☐ Professor in Major
☐ Clergy ☐ Physical Therapist ☐ Physical Therapist Assistant
☐ Co-worker ☐ Politician/Elected Official ☐ Supervisor/Employer
☐ Family Member ☐ Pre-PT Advisor ☐ Teaching Assistant
☐ Friend ☐ Professor ☐ Teaching Assistant
☐ Other

Approximately how many references do you submit on behalf of PT applicants each year*? ____________
Are you a licensed physical therapist*? □ Yes □ No
Is this a reference letter, committee letter, or letter packet*? □ Yes □ No
If YES, enter the names of the evaluators included in this reference: _____________________________________________

IF YOU ARE A PHYSICAL THERAPIST, ANSWER THE FOLLOWING QUESTIONS:

Physical therapist institution from which you graduated: ________________________________
Enter the state(s) in which you are licensed to practice physical therapy: __________________________
Enter your PT licensure number: ________________________________________________

IF YOU ARE A PROFESSOR, ANSWER THE FOLLOWING QUESTION:

List all courses in which you had the applicant as a student (e.g., Intro to Chemistry, CHEM 101). If you cannot remember courses names or numbers, list the content area and the course level (undergraduate upper or lower division; or graduate level). ____________________________________________
**PHYSICAL THERAPIST CENTRALIZED APPLICATION SERVICE**
**REFERENCE REQUEST FORM**

Applicant: ____________________________________________________________

<table>
<thead>
<tr>
<th>Name</th>
<th>PTCAS ID Number</th>
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How would you rate the applicant for each of the following characteristics?* Please select the rating that best describes the applicant in the category. Select “N/O” for not observed, if you have not had an opportunity to evaluate the characteristic or have no basis for the assessment.

<table>
<thead>
<tr>
<th></th>
<th>Excellent (5)</th>
<th>Good (4)</th>
<th>Average (3)</th>
<th>Below Average (2)</th>
<th>Poor (1)</th>
<th>N/O (0)</th>
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</thead>
<tbody>
<tr>
<td><strong>Commitment to Learning</strong></td>
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<tr>
<td>— the ability to self-assess, self-correct and self direct; identify needs and sources of learning; continually seek new knowledge and understanding.</td>
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<td><strong>Interpersonal Skills</strong></td>
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<td>— the ability to interact effectively with patients, families, colleagues, other healthcare professionals and the community; deal effectively with cultural or ethnic diversity issues.</td>
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<td><strong>Communication Skills</strong></td>
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<td>— the ability to communicate effectively (speaking, body language, reading writing, listening) for varied audiences and purposes.</td>
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<td><strong>Effective Use of Time</strong></td>
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<td>— the ability to obtain the maximum benefit from a minimum investment of time and resources.</td>
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<td><strong>Use of Constructive Feedback</strong></td>
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<td>— the ability to identify sources of and seek out feedback; to effectively use and provide feedback for improving personal interaction.</td>
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<td><strong>Ethical and Professional Behavior</strong></td>
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<td>— the ability to exhibit appropriate ethical and professional conduct and to represent the profession effectively.</td>
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<td><strong>Responsibility</strong></td>
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<td>— the ability to fulfill commitments, be accountable for actions and outcomes, and to persevere to achieve goals.</td>
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<td><strong>Critical Thinking</strong></td>
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<td>— the ability to question logically; identify, generate and evaluate elements of logical argument; recognize and differentiate facts, illusions, assumptions; distinguish the relevant from the irrelevant.</td>
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<td><strong>Stress Management</strong></td>
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<td>— the ability to identify sources of stress, develop effective coping behaviors, and adapt well to change.</td>
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<td><strong>Problem Solving</strong></td>
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<td>— The ability to recognize and define problems, use imagination and creativity to solve problems, analyze data, develop and implement solutions, and evaluate outcomes.</td>
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<td><strong>Leadership</strong></td>
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<td>— the ability to take initiative and motivate or guide others; generates ideas and plans or shares a vision for the future.</td>
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Taking into consideration these characteristics, how do you think this person would perform as a health care provider?

☐ I highly recommend this applicant as a health care provider.
☐ I recommend this applicant as a health care provider.
☐ I recommend this applicant as a health care provider, but with some reservations.
☐ I am not able to recommend this applicant as a health care provider.

**Comments** — On your institutional or business letterhead, please comment on any of the ratings or provide any additional information that will help the admissions office in the application review process. Attach letter to this reference form.