

* Indicates required field



PHYSICAL THERAPIST CENTRALIZED APPLICATION SERVICE
REFERENCE FORM

Applicant: _____
Name PTCAS ID Number

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.

* Indicates required field

**PHYSICAL THERAPIST CENTRALIZED APPLICATION SERVICE
REFERENCE REQUEST FORM**

Applicant: _____
Name PTCAS ID Number

INSTRUCTIONS TO EVALUATORS: PLEASE ENTER YOUR CONTACT INFORMATION BELOW.

Evaluator' 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*:

- | | | |
|--|--|---|
| <input type="checkbox"/> Academic | <input type="checkbox"/> Health Care Professional | <input type="checkbox"/> Professor in Major |
| <input type="checkbox"/> Clergy | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Physical Therapist Assistant |
| <input type="checkbox"/> Co-worker | <input type="checkbox"/> Politician/Elected Official | <input type="checkbox"/> Supervisor/Employer |
| <input type="checkbox"/> Family Member | <input type="checkbox"/> Pre-PT Advisor | <input type="checkbox"/> Teaching Assistant |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Professor | <input type="checkbox"/> 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). _____
