

## PHYSICAL THERAPIST CENTRALIZED APPLICATION SERVICE REFERENCE FORM

Аррпса	IIti	
	Name	PTCAS ID Number
Waive		(FFDDA)
referen referen waive y	ce written unless they choose to waive their rice from each evaluator, you are required to inc	(FERPA) gives applicants the right to access letters of ght of inspection and review. Prior to requesting a licate on your PTCAS application whether you wish to waive or not waive access to this reference to your programs.
	I waive my right of access to this letter of refe	rence
	I do NOT waive my right of access to this letter	er of reference
	cant Authorization r for PTCAS to process your references, you mi	ust certify the following statements:
	the PTCAS reference request form and letter online evaluation form to PTCAS in response	e evaluator below via email to request the completion of of reference. If my evaluator does not submit a paper or to the email request, it is my sole responsibility to ferences required by my designated PT programs are
		rams to which I am applying may contact the evaluator /or for further clarification of the information provided, s to do so.
Applica	ant's Signature:	Date:
Name o	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 barcoded 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 <a href="mailto:ptcas.org">ptcas.org</a>.

# PHYSICAL THERAPIST CENTRALIZED APPLICATION SERVICE REFERENCE REQUEST FORM

Applicant:									
Name	PTCAS ID Number								
INSTRUCTIONS TO EVALUATO	PRS: PLEASE ENTER YOUR CONTACT INF	ORMATION 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*									
How well do you know the applicant*?	Very Well Moderately Minima	lly □Not at All							
With what organization or institution we	re you affiliated when you interacted v	with the applicant*?							
-									
Select one role that best describes you	r primary interaction with the appl	icant*:							
□ Academic         □           □ Clergy         □           □ Co-worker         □           □ Family Member         □           □ Friend         □	Physical Therapist Politician/Elected Official Pre-PT Advisor	<ul> <li>□ Professor in Major</li> <li>□ Physical Therapist Assistant</li> <li>□ Supervisor/Employer</li> <li>□ Teaching Assistant</li> <li>□ Other</li> </ul>							
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 eva	aluators included in this reference:								
IF YOU ARE A PHYSICAL	THERAPIST, ANSWER THE FOLLOWING	OUESTIONS:							
Physical therapist institution from which									
Enter the state(s) in which you are license									
Enter your PT licensure number:									
	FESSOR, ANSWER THE FOLLOWING QUI								
List all courses in which you had the appl remember courses names or numbers, lower division; or graduate level).	ist the content area and the course l								

PTCAS Reference Request Form

### PHYSICAL THERAPIST CENTRALIZED APPLICATION SERVICE REFERENCE REQUEST FORM

How would you rate the applicant for each of the following	ala aua ataut			PTCAS ID Number						
	ig characteris	stics?* Ple	ease select t	ne rating that b	est desc	ribes				
the applicant in the category. Select "N/O" for not observ										
characteristic or have no basis for the assessment.										
	Excellent	Good	Average	Below	Poor	N/O				
	(5)	(4)	(3)	Average (2)	(1)	(0)				
<b>Commitment to Learning</b> — the ability to self-assess,										
self-correct and self direct; identify needs and sources										
of learning; continually seek new knowledge and										
understanding.										
<b>Interpersonal Skills</b> — the ability to interact										
effectively with patients, families, colleagues, other										
healthcare professionals and the community; deal										
effectively with cultural or ethnic diversity issues.										
<b>Communication Skills</b> — the ability to communicate										
effectively (speaking, body language, reading writing,										
listening) for varied audiences and purposes.										
<b>Effective Use of Time</b> — the ability to obtain the										
maximum benefit from a minimum investment of time										
and resources.										
<b>Use of Constructive Feedback</b> — the ability to										
identify sources of and seek out feedback; to effectively										
use and provide feedback for improving personal										
interaction.										
<b>Ethical and Professional Behavior</b> — the ability to										
exhibit appropriate ethical and professional conduct										
and to represent the profession effectively.										
<b>Responsibility</b> — the ability to fulfill commitments, be										
accountable for actions and outcomes, and to										
persevere to achieve goals.										
<b>Critical Thinking</b> — 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.										
<b>Stress Management</b> — the ability to identify sources										
of stress, develop effective coping behaviors, and adapt										
well to change.						-				
Problem Solving — The ability to recognize and										
define problems, use imagination and creativity to										
solve problems, analyze data, develop and implement solutions, and evaluate outcomes.										
·										
<b>Leadership</b> – the ability to take initiative and motivate										
or guide others; generates ideas and plans or shares a										
vision for the future.										
Taking into consideration these characteristics, how	do vou think	this ner	son would	perform as a	health a	care				
provider?	,	<b>P</b>		<b>F</b>						
<ul><li>I highly recommend this applicant as a health ca</li></ul>	ro providor									
☐ I recommend this applicant as a health care pro										
☐ I recommend this applicant as a health care pro☐ I recommend this applicant as a health care pro☐		h como =	ocorvations							
☐ I am not able to recommend this applicant as a			csei vauluiis							

**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.