Application Reference Form
Physical Therapist Assistant Program

1. Applicant Name: _____________________________________________________________

The PTA Program requires (2) Application References: The Application Reference Form can be completed by any of the following persons: PT, PTA, Healthcare Provider, Professor, Instructor, Advisor or Employer. There should be no familial relation between the student and person providing the reference.

Instructions for person completing reference form: This is a request to provide a reference for the applicant named above. Please be aware that you may be contacted if further information is needed concerning the applicant. Please answer the following questions to the best of your ability.

2. Name of person submitting Application Reference: ____________________________________________

   Phone Number: ________________________________  E-Mail: ________________________________

3. How long have you known the applicant? ________________________________________________

4. Please describe your relationship with the applicant: (check all appropriate boxes)

   [ ] Colleague  [ ] Supervisor/Employer  [ ] Professor/Instructor

   Please elaborate on above checked box(es): ________________________________________________

5. Please indicate your level of knowledge of the applicant:

   Training  __________  __________  __________

   Work Experience  __________  __________  __________

   Abilities  __________  __________  __________

6. Do you believe, on the basis of ethical conduct, personal character, emotional maturity, and judgment, the applicant will be a credit to the profession of Physical Therapy?  [ ] Yes  [ ] No

7. Do you have any reservations about fully recommending this applicant for the PTA Program?  [ ] Yes  [ ] No

   If Yes, please explain:

   __________________________________________________________________________________
8. Please rate the applicant’s traits based on your level of knowledge:

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<th>TRAIT</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>FAIR</th>
<th>POOR</th>
<th>N/A</th>
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<td>Personality</td>
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<td>General character</td>
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<td>Attitude</td>
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<td>Relationships with others/peers/subordinates</td>
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<td>Team-work</td>
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<td>Personal integrity and honesty</td>
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<td>Reliability</td>
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<td>Overall performance in past role(s) with your organization</td>
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<td>Ambition</td>
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Additional Comments: __________________________________________________________

Please feel free to attach a written letter of recommendation to this document.

________________________________________________________
Signature of person completing reference form

_________________________
Date

**NOTE:** Please place your Application Reference Form in a sealed envelope and sign over the closure. There are several ways to submit your completed Application Reference Form. Please choose from the following for submission:

- You may have the applicant submit your sealed Application Reference Form with their completed application packet
- You can hand deliver your Application Reference Form to the College of Technology Students Services office on the ISU Campus (Building #48)
- You may mail the Application Reference Form to the following address:

  **College of Technology**
  **Student Services – PTA Application**
  **921 S. 8th Ave, Stop 8380**
  **Pocatello, ID. 83209-8380**
  **Attention: Sarah Barksdale**