Idaho State University | College of Technology

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:

	Thorough Knowledge	General Knowledge	Minimal Knowledge
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:

TRAIT	EXCELLENT	GOOD	FAIR	POOR	N/A
Personality					
General character					
Attitude					
Relationships with others/peers/subordinates					
Team-work					
Personal integrity and honesty					
Reliability					
Overall performance in past role(s) with your organization					
Calmness under pressure					
Competence					
Ambition					

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 8230
Pocatello, ID. 83209-8230

Attention: PTA Advisor