



## ORTHOPEDIC PHYSICAL THERAPY RESIDENCY PROGRAM LETTER OF RECOMMENDATION

**Name of applicant:**

**Individual providing recommendation:**

Name/Credentials:

Current Position:

Mailing Address:

Phone Number:

Email Address:

**May we contact you to discuss the qualifications of the candidate over the phone?**

Yes      No

*(Instructions: Highlight your response and delete the other response if submitting electronically)*

**Relation of individual providing recommendation to applicant:**

*(Instructions: For the following three inquires, highlight your response and delete the other responses if submitting electronically)*

Clinical Supervisor    Employer    Academic Instructor    Professional Colleague  
Other (please specify):

**Number of years you have known applicant:**

Less than 2      2 to 5      Greater than 5

**Compared to other applicants that you would recommend to this residency program, the applicant would rank in the:**

Top 1%      Top 5%      Top 10%      Top 25%      Top 50%

**What is the most valuable quality or characteristic that the applicant possesses?**

**Provide a brief example or description, illustrating your observation of the applicant's use of that quality or characteristic.**

**Feel free to attach (or cut/paste) other information pertinent to the application's recommendation.**