



Carolinus Rehabilitation

Uncompromising Excellence. Commitment to Care.

ORTHOPAEDIC PHYSICAL THERAPY RESIDENCY

LETTER OF RECOMMENDATION

Name of applicant:

Individual providing recommendation:

Name/Credentials:

Current Position:

Mailing Address:

Phone Number:

Email Address:

(Instructions: If submitting electronically, highlight your response and delete the other response.)

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

Yes No

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.