



**CASA COLINA CENTERS FOR REHABILITATION
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 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.