



# CASA COLINA CENTERS FOR REHABILITATION NEUROLOGIC 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.**