**California Baptist University**

**Physical Therapist Assistant Program**

**Recommendation Letter**

**To the Applicant:**

Please complete the identifying information before delivering the recommendation for admission form to the individuals that have agreed to complete a recommendation for you. The recommender must complete the form, place it in an envelope, and seal it. **The Recommender should email the completed form directly to the PTA Program Director at jedmisten@calbaptist.edu.**

Applicant’s name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right of Access:**

Please indicate your preference (complete one box or the other):

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, waive my right to see this recommendation.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OR

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do not waive my right to see this recommendation.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Recommender:**

The above named applicant is applying to the Physical Therapist Assistant program at California Baptist University. The above information must be completed by the applicant before the form is given to you. **It is preferential for the complete form to be emailed to the PTA Program Director from the Recommender to** **jedmisten@calbaptist.edu**. However, the student may hand deliver it to the program or it can be mailed to the address below if it is in a sealed envelope with a signature on the seal. This form must be received by **March 1** of each year to be considered for the subsequent fall admission.

California Baptist University

College of Health Science

Dr. Jan Edmisten, PT, PTA Program Director

8432 Magnolia Avenue

Riverside, CA 92504

Recommender’s Name/Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Instructions: Please check the appropriate rating below that best describes the candidate as compared to other students at this level.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Skill | Excellent | Good | Average | Below average | No basis for judgment |
| Commitment to learning |  |  |  |  |  |
| Interpersonal skills |  |  |  |  |  |
| Communication skills |  |  |  |  |  |
| Responsibility |  |  |  |  |  |
| Problem solving |  |  |  |  |  |
| Use of constructive feedback |  |  |  |  |  |
| Effective use of time and resources |  |  |  |  |  |
| Stress management |  |  |  |  |  |
| Professionalism |  |  |  |  |  |

|  |
| --- |
| List the applicant’s strengths: |
| List the applicant’s weaknesses: |
| Additional comments (if applicable): |

Please select one of the following options in regards to admissions into the CBU PTA program:

* Strongly recommend
* Recommend
* Recommend with reservation
* Do not recommend this applicant

Signature of Recommender \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_