

**Southwestern Oklahoma State University / Caddo Kiowa Technology Center**

**Physical Therapist Assistant Program  
Application for Admission  
Additional Instructions**

**Instructions for submission of Observation hours and References**

**Due Date: April 1<sup>st</sup> of each calendar year**

Option #1: Observation hours/Reference letters may be returned to PTA program applicant for online submission with the entirety of their application.

Option #2: Observation hours/Reference letters may be scanned and emailed by the provider or applicant to: [brandy.chase@swosu.edu](mailto:brandy.chase@swosu.edu)

Option #3: Observation hours/Reference letters may be mailed by the provider or applicant to:

Brandy Chase  
SWOSU, SCI 114-D  
100 Campus Drive  
Weatherford, OK 73096

**For additional information/Clarification please contact:**

Brandy Chase, PTA Program Supervisor  
580-774-3186    [brandy.chase@swosu.edu](mailto:brandy.chase@swosu.edu)

Jy Bass, PTA Program Director  
405-643-3268    [jbass@cktc.edu](mailto:jbass@cktc.edu)

**\*\*\*This instruction sheet should be given with the reference/observation forms to the provider\*\*\***

**For confidentiality, it is recommended that the provider utilize options #2 or #3 for form submission.**

**PHYSICAL THERAPIST ASSISTANT PROGRAM**  
**Reference Request**

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\_\_\_\_\_ has applied for admission to the Physical Therapist Assistant  
(Applicant's Name)  
Program at Southwestern Oklahoma State University - Caddo Kiowa Technology Center, and has listed you as a personal reference. Please note that a physical therapist assistant must assume responsibilities relevant to individual health needs. We solicit your frank evaluation to assist us in deciding whether or not the applicant should be accepted into the program. We ask that a high rating be given only to a truly superior individual.

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How long have you known the applicant? \_\_\_\_\_

What has been your association with the applicant? \_\_\_\_\_

**Please rate the following characteristics:**

	<b>Poor</b>	<b>Good</b>	<b>Excellent</b>	<b>Unable to Appraise</b>
Reliability	_____	_____	_____	_____
Integrity	_____	_____	_____	_____
Initiative	_____	_____	_____	_____
Personality	_____	_____	_____	_____
<b>Communication Skills:</b>				
Verbal	_____	_____	_____	_____
Written	_____	_____	_____	_____

**Considering the applicant's general qualifications, please rate your recommendation:**

Do not Recommend \_\_\_\_\_ Recommend with Trepidation \_\_\_\_\_ Recommend \_\_\_\_\_ Recommend with Enthusiasm \_\_\_\_\_  
^^

**Additional Comments (Please use separate sheet of paper if needed):**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_  
(Please Print)

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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I understand that Federal law provides me, after enrollment, a right of access to this statement of recommendation. I also understand that I have the right to hereby (check one)  waive,  do not waive this right of access.

**APPLICANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_