



**STATE OF ALABAMA
BOARD OF PHYSICAL THERAPY**
100 NORTH UNION STREET, SUITE 724
MONTGOMERY, AL 36130-5040
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e-mail: info@pt.alabama.gov



CHARACTER REFERENCE
(Please return to the above address)

Applicant's Name: _____

PT _____

PTA _____

1. How long have you known the applicant? _____
2. During what period of time were you in close enough contact with the applicant to observe his/her conduct and activity? From _____ to _____.
3. Have you observed or are you knowledgeable if the applicant has:

- | | | | |
|--|-------|-------|----------|
| a) Ever practiced physical therapy unlawfully or unethically? | _____ | _____ | _____ |
| | NO | YES | POSSIBLE |
| b) Ever use drugs or intoxicating liquors to an extent which affected his/her professional competency? | _____ | _____ | _____ |
| | NO | YES | POSSIBLE |
| c) Ever been convicted of a crime (disregarding minor traffic violations)? | _____ | _____ | _____ |
| | NO | YES | POSSIBLE |
| d) Ever been grossly negligent in the practice of PT? | _____ | _____ | _____ |
| | NO | YES | POSSIBLE |

4. How would you recommend the applicant in each of the categories listed below:
 - a) Moral values and conduct:
 _____ Recommend without reservations _____ Recommend with reservations _____ Would not recommend.
 - b) Professional knowledge and skills:
 _____ Recommend without reservations _____ Recommend with reservations _____ Would not recommend.

Signature and title of person completing this form

Address