



Professional Reference Form

Section 1: For the applicant

Dear _____ ,

I am applying for registration to practice **Physical Therapy/Physiotherapy** in Trinidad and Tobago. I am required to provide professional references. **Please complete and return this form to the contact below.**

Thank you for your assistance.

Applicant signature: _____

Applicant printed name: _____

Date: _____

Section 2: For the evaluator

1. How long have you known the applicant? How well and in what capacity?

2. Do you feel the applicant has the academic ability, motivation and work ethic to be registered to practice as a physical therapist? Explain.



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3. Has the applicant demonstrated skill in interpersonal communication?

4. How do you evaluate the applicant's character and ethics? Explain.

5. Please list the applicant's three (3) greatest strengths

6. Please list the applicant's three (3) weaknesses or areas of needed growth



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7. We would also appreciate any additional information you can provide about this applicant to determine eligibility for registration to practice physical therapy/physiotherapy in Trinidad and Tobago

Signature: _____
Printed Name: _____
Date: _____
License Number: _____

Institution/Clinic Where Employed: _____

Address: _____

Business Telephone: (____) _____

Business Stamp:



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*Please mail in a sealed envelope to
Chair, Physiotherapists Board
c/o Council for Professions Related to Medicine,
Shop #4 Government Plaza,
Richmond Street, Port of Spain, Trinidad, W.I.*