

Applicant's Name _____

MPT APPLICATION – REFERENCE FOR PRACTICAL EXPERIENCE

**Department of Physical Therapy
Faculty of Medicine
University of British Columbia**

TO BE USED FOR CERTIFICATION OF PRACTICAL EXPERIENCE

TO THE APPLICANT

Please complete the name and address section only and then give the two page form to the individual who can attest to your practical experience. This individual should be different from and work in a different facility than the individual who completes your other two confidential academic references (academic reference forms are available on our department website or you can select them to be sent to your referee electronically as part of your on-line application). The individual attesting to your practical experience must mail the completed form directly to: The Department of Physical Therapy, 212 – 2177 Wesbrook Mall, Vancouver, BC, V6T 1Z3. This Certification of Practical/Volunteer Experience form must be received by January 15, 2013. You need a minimum of 70 hours of practical volunteer or paid work experience. You may use more than one form if more than one person is attesting to your practical experience.

1. _____
Applicant's Name (please print) Phone Number

Applicant's Mailing Address (please print)

TO THE INDIVIDUAL ATTESTING TO THE APPLICANT'S PRACTICAL EXPERIENCE

The individual named above is applying for admission to the Department of Physical Therapy at The University of British Columbia. We have requested that all applicants complete at least 70 hours of practical experience (paid or volunteer) with people who have some kind of physical, emotional or cognitive impairment, disability, or handicap. The purpose of this practical experience requirement is to familiarize the applicant with some of the job demands, roles, and responsibilities of health care professionals, especially as they relate to interacting with clients/patients.

Please provide your honest opinions about the applicant in answer to the questions on this form and mail the completed form directly to: The Department of Physical Therapy, 212 – 2177 Wesbrook Mall, Vancouver, BC, V6T 1Z3. The form must be received by January 15, 2013.

2. (a) What type of individual with impairment, disability or handicap was the applicant working with?

- (b) What were the applicant's responsibilities?

- (c) How many hours did the applicant work? _____

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Please rate the applicant on the following items by circling the number which best represents your opinion of their performance during their practical experience. 10-9 = excellent, 8-7=good, 6-5=average, 4-3=fair, 2-1=poor.

Problem Solving Skills:	10	9	8	7	6	5	4	3	2	1	Unable to judge
Interpersonal Skills	10	9	8	7	6	5	4	3	2	1	Unable to judge
Ability to work with clients	10	9	8	7	6	5	4	3	2	1	Unable to judge
Ability to work with others	10	9	8	7	6	5	4	3	2	1	Unable to judge
Self-confidence	10	9	8	7	6	5	4	3	2	1	Unable to judge
Empathy	10	9	8	7	6	5	4	3	2	1	Unable to judge
Work habits	10	9	8	7	6	5	4	3	2	1	Unable to judge
Self-expression – oral	10	9	8	7	6	5	4	3	2	1	Unable to judge
Self expression – in writing	10	9	8	7	6	5	4	3	2	1	Unable to judge
Aptitude for work as a health care professional	10	9	8	7	6	5	4	3	2	1	Unable to judge
Professional behaviour	10	9	8	7	6	5	4	3	2	1	Unable to judge

3 In the space below please add any additional comments you think will be of assistance in assessing the applicant.

Name of individual certifying practical experience

Position/Title of individual certifying practical experience

Signature of Individual Certifying Practical experience

Address of individual certifying practical experience

Date of Completion of Form

Phone number of individual certifying practical experience