## ORTHOTISTS AND PROSTHETISTS PROFESSIONAL REFERENCE INSTRUCTIONS

All information provided must be typed or printed in black ink.

### PART 1 MUST BE COMPLETED BY THE APPLICANT

1. **APPLICANT NAME** – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)

2. **MAILING ADDRESS** – Write your current mailing address. This is the address where we will send you mail. This address can be a post office box. You can add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.

3. **PHONE NUMBER** – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

4. **EMAIL ADDRESS** – Write your email address. Please provide your email address so the department may email license information and required notices to you. Your email address is confidential pursuant to the Texas Public Information Act, and the department will not share it with the public.

5. **APPLICATION FOR** – Check the appropriate discipline for which you are applying for licensure or registration.

### PART 2 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

1. **NAME** – Write your legal name in the spaces provided. (Last, First, Middle Name, Suffix) Examples of a suffix include Jr., Sr., and II. (Mr. is not a suffix.)

2. **CREDENTIALS AND STATE HELD** –

3. **PHONE NUMBER** – Write a telephone number, including the area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

4. **NATURE OF ASSOCIATION** - Briefly describe the nature of your relationship to the applicant (professional, personal, collegial)

5. **TIME OF ASSOCIATION** - Type or print the month and year your relationship with the applicant began and ended. If your relationship is ongoing, type “P”.

### PART 3 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

1. **PROFESSIONAL SKILLS, PERSONAL SKILLS & PROFESSIONAL RELATIONSHIPS** – To the best of your ability, check the appropriate box relating to each characteristic.

2. **PROBLEMS AFFECT PERFORMANCE** - Explain

3. **OVERALL EVALUATION** – Check the appropriate box. If you prefer not to give a reference, please check the appropriate box.

4. **REFERRAL STATEMENT** – Sign and Date. **IMPORTANT:** After the person giving the reference signs and dates the form, mail this reference directly to the Texas Department of Licensing and Regulation office at the address above. **DO NOT return this form to the applicant.** If you have questions, call the agency office at the number above.
## PART 1 MUST BE COMPLETED BY THE APPLICANT

1. **Applicant Name:**
   - Last
   - First
   - Middle Name
   - Suffix

2. **Mailing Address:**
   (P.O. Box, Number, Street Name/Apartment Number)

   - City
   - State
   - Zip Code

3. **Personal Phone Number:**
   - ( )
   - Area Code
   - Number

4. **Email Address:**
   - (Ex: john-doe@aol.com)

5. **Application for:**
   - [ ] Orthotist
   - [ ] Prosthetist
   - [ ] Prosthetist/Orthotist

## PART 2 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

1. **Referral’s Name:**
   - Last
   - First
   - Middle Name
   - Suffix

2. **Credentials held:**
   - State Held:

3. **Personal Phone Number:**
   - ( )
   - Area Code
   - Number

4. **Nature of Association:**

5. **Time of Association Begin Date:**

6. **End Date:**
## PART 3 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE

### 1a. Professional Skills

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<th>POOR</th>
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</thead>
<tbody>
<tr>
<td>Clinical Skills</td>
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<td>Technical Ability</td>
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<td>Communication Skills</td>
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<td>Practice Management</td>
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<td>Fitness for Clinical Practice</td>
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### 1b. Personal Character

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<td>Responsibility</td>
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<td>Integrity</td>
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### 1c. Professional Relationships

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<td>Colleagues</td>
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<td>Patients</td>
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<td>Medical Staff</td>
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<td>Nursing Staff</td>
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### 2. Any Problems Which Might Affect performance?

- [ ] Yes  
- [ ] No (if yes explain below)

### 3. Overall Evaluation: (If item 3 or 4 below is checked, please provide a written explanation. Use additional pages, if necessary.)

- [ ] 1. Recommended as outstanding applicant,
- [ ] 2. Recommended as qualified and competent.
- [ ] 3. Recommended with some reservation.
- [ ] 4. Cannot recommend.
- [ ] I prefer not to give a recommendation.

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**STATEMENT FROM REFERRAL**

The above information is true and correct. I understand that knowingly providing false information on a government document is punishable by state jail felony. IMPORTANT: After the person giving the reference signs and dates the form, mail this reference directly to the Texas Department of Licensing and Regulation office at the address above. DO NOT return this form to the applicant. If you have questions, call the agency office at the number above.

Signature

Date