

**STATE OF ALABAMA**  
**BOARD OF PHYSICAL THERAPY**  
**100 No. Union Street, Suite 724**  
**Montgomery, AL 36130-5040**  
**Telephone: (334)242-4064, (888)726-9743      Fax: (334)242-3288**

**CHARACTER REFERENCE**  
*(Please return to the above address.)*

Applicant's Name \_\_\_\_\_ By: Endorsement \_\_\_\_\_  
Examination \_\_\_\_\_  
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:

	<u>No</u>	<u>Yes</u>	<u>Possible</u>
a. Ever practiced physical therapy unlawfully or unethically?	_____	_____	_____
b. Ever used drugs or intoxicating liquors to an extent which affected his professional competency?	_____	_____	_____
c. Ever been convicted of a crime (disregarding minor traffic violations)?	_____	_____	_____
d. Ever been grossly negligent in the practice of PT?	_____	_____	_____
4. How would you recommend the applicant in each category 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.

Comments: *(Please comment on favorable characteristics, and clarify any unfavorable response and identify any other actions that might be contrary to good moral character.)*

Signature and Title of Person  
Completing This Form \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_