



FULL NAME OF APPLICANT:	
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MPT APPLICATION – REFERENCE FOR PRACTICAL EXPERIENCE
Certification of Practical Work or Volunteer Experience

This form must be submitted online before January 15 (instructions below).

The individual named above is applying for admission to the Master of Physical Therapy (MPT) program at the Department of Physical Therapy at The University of British Columbia. Applicants must have completed a minimum of 70 hours of practical volunteer or paid work experience accumulated at no more than two institutions at the time of application to the MPT program. Practical volunteer or paid work experience must include direct contact with individuals 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 and patients.

HOW TO COMPLETE THIS FORM

This form should be completed by an individual who can attest to the practical work or volunteer experience of the above named applicant. Please note that the individual completing this reference should not have already provided or be planning to provide an academic reference for the same applicant. Please provide your honest opinions about the applicant in answer to the questions on this form. Your reference will be kept confidential; however, it can be required under Freedom of Information legislation to disclose the substance of this reference but only where it can be done without disclosing the identity of the writer.

HOW TO SUBMIT THIS FORM

When the applicant has formally submitted an online application to our program, you will receive an email from UBC that may provide you with a link to complete an online reference. **Please complete the online reference in addition to this form.**

To submit a copy of this form, please **either** upload a scanned copy through the online application system using the link provided in the email (our preference) **or** mail the completed form directly to the Department of Physical Therapy at UBC (**do not do both**). If you submit the completed form by mail, **please ensure that you sign across the seal of the envelope. Envelopes that have not been endorsed by the individual attesting to the applicants practical volunteer or paid work experience will not be accepted.** Completed forms can be sent to: Admissions, UBC Department of Physical Therapy, 212 – 2177 Wesbrook Mall, Vancouver BC, V6T 1Z3, CANADA.

REFERENCE FOR PRACTICAL EXPERIENCE

(a) What type of impairment, disability or handicap did the individual/s who the applicant was working with have?

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(b) What were the applicant’s responsibilities?

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(c) How many hours did the applicant work?

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(d) Please rate the applicant on the following items by inputting 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, or Unable to judge)

Problem Solving Skills:		Work Habits:	
Interpersonal Skills:		Self-expression – Oral:	
Ability to work with clients:		Self-expression – In writing:	
Ability to work with others:		Aptitude for work as a healthcare professional:	
Self-confidence:		Professional behavior:	
Empathy:			

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

REFEREE CONTACT INFORMATION

Full name:		Position title:	
Signature:		Date:	
Email:		Institution:	
Phone #:			