



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

ORTHOTISTS AND PROSTHETISTS PROFESSIONAL REFERENCE INSTRUCTIONS

(FEE IS NON-REFUNDABLE)

PART 1 MUST BE COMPLETED BY THE APPLICANT

1. **APPLICANT NAME** – Provide 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** – Provide your current mailing address. This is the address where we will send you mail. This address can be a post office box. Add the zip plus-4 to help the postal service deliver mail more efficiently and accurately.
3. **PHONE NUMBER** – Provide 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** – Provide 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** – Provide 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** – Provide your credentials and the state the credentials are held in.
3. **PHONE NUMBER** – Provide 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** – Provide 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.**

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

TDLR
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.

For additional information and questions, please visit the [TDLR website](http://www.tdlr.texas.gov). You can request assistance or submit required attachments via [TDLR webform](http://www.tdlr.texas.gov) or fax (512) 475-2871. You may contact Customer Service Representatives by calling (800) 803-9202 (in state only) or (512) 463-6599; Relay Texas -TDD (800) 735-2989. Customer Service Representatives are available Monday through Friday (excluding holidays).

TDLR Public Information Act Policy:

This document is subject to the Texas Public Information Act. With certain exceptions, information in this document may be made available to the public. For more information, view the [TDLR Public Information Act Policy](http://www.tdlr.texas.gov).



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

ORTHOTISTS AND PROSTHETISTS PROFESSIONAL REFERENCE

(FEE IS NON-REFUNDABLE)

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 + 4

3. Personal Phone Number:

(Area Code) Phone Number

4. Email Address:

(ex: johnndoe@aol.com) See Instructions sheet for Disclosure)

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) Phone Number

4. Nature of Association:

5. Time of Association Begin Date:

End Date:

PART 3 MUST BE COMPLETED BY THE PERSON GIVING THE REFERENCE**1a. Professional Skills**

	POOR	FAIR	GOOD	SUPERIOR	NO OPINION
Clinical Skills					
Technical Ability					
Communication Skills					
Practice Management					
Fitness for Clinical Practice					

1b. Personal Character

	POOR	FAIR	GOOD	SUPERIOR	NO OPINION
Motivation					
Initiative					
Responsibility					
Integrity					

1c. Professional Relationships

	POOR	FAIR	GOOD	SUPERIOR	NO OPINION
Colleagues					
Patients					
Medical Staff					
Nursing Staff					

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.

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