



Evidence In Motion

Evidence In Motion Education & Training Programs Fellowship Letter of Recommendation Form

To all Evaluators,

An applicant has requested your recommendation for admission to Evidence In Motion's Fellowship in Pain Science. In our consideration of each applicant, we place particular emphasis on comments from individuals whom the applicant has chosen. This recommendation will be used only for admission purposes; it will not be made a part of the student's educational record and no reference will be made to it for educational purposes after a decision is final on the applicant's admissibility.

Thank you,

The Evidence In Motion Team

Please provide the following information:

Applicant's Name: _____

Evaluator's Name: _____

Evaluator's Title and Position: _____

Institution/Facility: _____

Evaluator's Email: _____

Evaluator's Phone: _____

Which of the following best describes your current primary position?

Please check all that apply:

Sole owner of physical therapy practice or business

Supervisor/Director of physical therapy practice

Partner in physical therapy practice or business

Academic administrator or director of PT/PTA education program

Director of a residency / fellowship program

Academic faculty member

Staff PT

Researcher

Consultant

Other: _____

How long have you known the applicant?

- 0 – 6 months
- 6 months – 1 year
- Longer than 1 year
- Longer than 2 years

Number of applicants you have recommended to Evidence In Motion Residency/Fellowship programs in the past 5 years.

Please rate the applicant according to the following characteristics:

	Excellent (Top 5)	Above Average (Top 10%)	Average (Top 40%)	Below Average (Top 60%)	Unable To Judge
Communication Skills					
Interpersonal Relations					
Professionalism					
Critical Thinking/Intellectual Ability					
Leadership					
Resourcefulness					
Clinical Performance					
Self-Reflection					

What do you consider to be the applicant's primary strengths?

What do you consider to be the applicant's primary areas for development/growth?

Please make any additional comments about the applicant's potential to complete an EIM Residency/Fellowship program that you feel will be helpful.

Once complete, please save this document as ApplicantLastName_PSF_LOR_YourLastName and e-mail to painfellowshipadmissions@eimpt.com Thank You!