

Dear Program Director/Current Work Supervisor:

We are writing to ask you to please confirm that the applicant (named below) for the AOTA Emerging Leaders Development Program (ELDP) is indeed an appropriate candidate from your perspective.

The continued development of strong leaders within the profession is essential to achieving the goals we have for the Centennial Vision. The ELDP recognizes and develops students and new practitioners who have shown dedication to the profession and service at the start of their career. The program provides selected candidates with leadership training and ongoing mentorship by identifying needs for service within AOTA and matching current opportunities with each participant's own leadership goals.

Participation in the ELDP will require the student or new practitioner to perform additional work and tasks outside of the classroom or clinic. Emerging leaders who have successfully completed the ELDP in the past are self-directed, goal oriented, and flexible in adapting to new roles and demands. They have strong communication and interpersonal skills, a history of academic success, and exhibit a strong desire to become a future leader within the profession. We believe that the ELDP is a wonderful leadership opportunity for students and new practitioners and is an important step to fulfilling the goals set forth in the Centennial Vision.

With your signature on this document, you will endorse the student/practitioner applicant as being qualified to the best of your knowledge as an individual who has shown consistent academic success in your program and possesses the appropriate interpersonal skills necessary for the successful completion of the ELDP. The applicant, if accepted, will be involved in a Leadership training at AOTA headquarters in August 2013 and participate in a mentored relationship with an established AOTA leader throughout the calendar year.

Thank you for helping to ensure we choose candidates who have the capacity to be successful in this program.

Program Director/Current Work Supervisor (Please Print): \_\_\_\_\_

Signature/Date: \_\_\_\_\_

Student/New Practitioner Applicant's Name (Please Print): \_\_\_\_\_