

DOCUMENTATION OF PHYSICAL THERAPY EXPERIENCE

STUDENT NAME: _____

THE ABOVE STUDENT HAS VOLUNTEERED OR WORKED FOR ME AT THE FOLLOWING:

PHYSICAL THERAPY FACILITY: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

PHONE NUMBER: _____

POSITION HELD:

PAID _____ VOLUNTEER _____ HOURS WORKED _____

STUDENT RECEIVED EXPOSURE TO:

____GYM ____HYDRO ____MODALITIES ____BEDSIDES

____PEDIATRICS ____GERIATRICS ____ATHLETICS ____OCC-INJ

____ORTHOPEDICS ____NEURO ____AMPUTEES ____MED-SURG

STUDENT PARTICIPATED IN:

____TRANSFERS ____EXERCISES ____MODALITIES

____INSERVICES ____HOUSEKEEPING ____CLERICAL WORK

Date: _____ Signature: _____

Registered or Licensed Physical Therapist

License #: _____

This form may be duplicated and sent to the appropriate number of physical therapists.

Please return form to: University of South Alabama
Department of Physical Therapy
Physical Therapy Admissions Committee
HAHN Rm 2011
307 N. University Blvd,
Mobile, Alabama 36688

You must have documentation of at least 50 hours of experience in your application file by January 15 of the year in which you apply to the physical therapy program. It is suggested that these hours come from a variety of PT settings. The form must be signed by a licensed physical therapist and must include the PT's license number.