

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: PTCAS

You must have documentation of at least 50 hours of experience in your application file by the December 15 application deadline. 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.