

**PHYSICAL THERAPY EXPERIENCE FORM
PHYSICAL THERAPIST ASSISTANT PROGRAM
WALLACE COMMUNITY COLLEGE**

Applicant Name _____ SSN: _____ Student #: _____

Applicants are required to complete a minimum of 20 hours verified observation or volunteer time in two different physical therapy settings (i.e. 10 hours at a long-term care facility and 10 hours in a short-term, outpatient facility). Individuals working as paid employees in a physical therapy department may use their regular work hours to complete this requirement. Complete this form and secure the signature of the physical therapist in charge of the facility. ONLY THE SIGNATURE OF A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT IS ACCEPTABLE.

**OBSERVATION/VOLUNTEER TIME IN A PT DEPARTMENT
(Minimum 20 hours required)**

Facility	Document Month/Day/Year; Time in Hours	Signature

WORK EXPERIENCE/PAID EMPLOYMENT IN A PT DEPARTMENT

Facility	Job Title	Document Month/Day/Year Time in Hours	Signature