**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)

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| --- | --- | --- |
| Facility | Document  Month/Day/Year;  Time in Hours | Signature |
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WORK EXPERIENCE/PAID EMPLOYMENT IN A PT DEPARTMENT

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