

IDAHO STATE UNIVERSITY COLLEGE OF TECHNOLOGY
Program title: Physical Therapist Assistant AAS

EXPERIENCE DOCUMENTATION FORM

Volunteer or work experience will be acceptable. An acute care setting is preferred, but other physical therapy environments (e.g. outpatient, sports medicine, long-term care) will be accepted as long as the experience has been under the supervision of a physical therapist or physical therapist assistant.

Please complete this form and return it to the applicant, or you may send or fax it to the office listed below. (Please copy if you need more forms.)

Idaho State University College of Technology
Student Services
921 S 8th Ave. STOP 8380
Pocatello, ID 83209-8380
208-282-2622
Fax # 208-282-5195

Experience must have been obtained within the last ten (10) years.

Applicant Name: _____ S.S.# ____/____/____

Physical Therapist or Physical Therapist Assistant

(under whom student worked or did volunteer hours), or name and title of person completing this form:

Name and address of clinic:

Telephone: _____

Type of facility :(acute-care hospital, out-patient, private practice, rehabilitation, SNF, school system, industrial, etc.)

If your business encompasses several clinical sites, please explain.

Type of experience: (major types of patients treated: ortho, rehab, acute, geriatric, etc.)

Dates applicant volunteered or worked with you: (Please state MONTH, DAY, YEAR)

From: ____/____/____ To: ____/____/____

Total hours of observation/experience in your facility: (Please estimate total volunteer time versus work time.)

Volunteer: _____ Work: _____

(These hours must be completed by the application deadline and have occurred within the last ten years.)

PT or PTA's signature: _____

Date: _____