Physical Therapist Assistant, AAS
Site Form (Max 20 Hours)

EXPERIENCE DOCUMENTATION FORM

Volunteer, observation, or work experience hours are **optional**. However, 0.5 points per hour up to 20 hours total will be awarded to the applicant for a maximum of 10 points. 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 it to the office listed below.

Idaho State University College of Technology Student Services
921 S 8th Ave. STOP 8380
Pocatello, ID 83209-8380
Phone: 208-282-2622 or Email: Student Services <ctechss@isu.edu>

Experience must have been obtained within the last five (5) years.

Applicant Name: ________________________________

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 Signature ___________________________ Date ___________

Reviewed 10/2022