Physical Therapist Assistant, AAS
Site Form (Min 10 Hours)

EXPERIENCE DOCUMENTATION FORM

Ten volunteer, observation, or work experience hours are **required**. One points per hour up 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 ____________________________