

## 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 8<sup>th</sup> Ave. STOP 8380 Pocatello, ID 83209-8380

Phone: 208-282-2622 or Email: Student Services < ctechs@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	ng this form:
Name and address of clinic:	
Telephone:	
Type of facility: (acute-care hospital, out-patient, private practice, rehabilitation, SN industrial, etc.)	F, school system,
If your business encompasses several clinical sites, please explain.	
Type of experience: (major types of patients treated: ortho, rehab, acute, geriatric, etc.)	c.)
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 t	ime versus work time.)
• Volunteer:Work:	
(These hours must be completed by the application deadline and have occurred with	hin the last ten years.)
PT or PTA Signature	Date