IDAHO STATE UNIVERSITY COLLEGE OF TECHNOLOGY

Program title: Physical Therapist Assistant AAS

Site 1 form (20 Hours)

EXPERIENCE DOCUMENTATION FORM

Two different volunteer or work experience are required. 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.

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

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
IDAHO STATE UNIVERSITY COLLEGE OF TECHNOLOGY

Program title: Physical Therapist Assistant AAS

Site 2 form (20 Hours)

EXPERIENCE DOCUMENTATION FORM

Two different volunteer or work experience are required. An acute care setting is preferred for one of the experiences, 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 the form and return it to the applicant, or you may send or fax 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 Fax # 208-282-5195

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