

DOCUMENTATION OF PHYSICAL THERAPY EXPERIENCE:

STUDENT NAME: _____

The above student has volunteered or worked for me at the following Physical Therapy Facility:

THERAPY FACILITY: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER: _____

EMAIL: _____

POSITION HELD:

Paid _____ Volunteer _____ Hours Paid and/or Volunteered _____

STUDENT RECEIVED EXPOSURE TO:

_____ Gym _____ Hydro _____ Modalities _____ Bedsides _____ Pediatrics _____ Geriatrics
_____ Athletics _____ Occ-Inj _____ Orthopedics _____ Neuro _____ Amputees _____ Med-Surg

STUDENT PARTICIPATED IN:

_____ Transfers _____ Exercises _____ Modalities _____ Inservices _____ Housekeeping _____ Clerical Work

Licensed Physical Therapist Name: _____

Signature: _____
Licensed Physical Therapist

Date: _____

License #: _____

University of South Alabama Doctor of Physical Therapy program admissions minimum requirement is 50 hours of experience by the December 1st application deadline. It is suggested that these hours come from a variety of Physical Therapy settings. Observation or work experience in Physical Therapy (50 hours minimum) under the supervision of a licensed Physical Therapist must be completed and verified electronically through PTCAS. The PT license number is required.

This form is provided for your convenience to keep a record of your observation/work hours.

This form may be duplicated.