

PHYSICAL THERAPIST ASSISTANT PROGRAM

Applicant Observation or Employment Verification Form

(Documentation of experience on this form is required for all applications.)

Student Name _____

Facility _____ Phone Number _____

Dates of Volunteering _____ Total # of hours = _____ hours

Or

Dates of Employment _____ Total # of hours = _____ hours

Job Title _____

Supervising Physical Therapist or Physical Therapist Assistant:

(Please Print Name) PT/PTA License Number _____
(circle one)

(Signature) Date _____

Comments: