Two different volunteer/observation or work experiences are required as part of the application packet. They must total a minimum of thirty (30) hours. Applicant must return this form to the PTA Office with their application packet.

*Outpatient* settings include: pediatric clinics, school district, wound care, and outpatient clinics. *Inpatient* settings include: home health, inpatient rehab centers, skilled nursing facilities, or long term care center.

Volunteer/Observation hours must be under the supervision of a licensed physical therapist or physical therapist assistant. Hours must have been obtained in the last five years. Observation hours can be obtained at multiple clinical sites.

Applicant’s Name ____________________________________________________________

Name of facility:  ____________________________________________________________________

Type of setting:  ____________________________________________________________________

Volunteer/Observation or work experience dates and hours in facility:

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

___________________________________________________________________________________

____________________________________  ______________________________  ____________
Clinician Signature   Printed Name/Title   Date

____________________________________  ______________________________  ____________
Student Signature    Printed Name/Title    Date
Two different volunteer/observation or work experiences are required as part of the application packet. They must total a minimum of thirty (30) hours. Applicant must return this form to the PTA Office with their application packet.

*Outpatient* settings include: pediatric clinics, school district, wound care, and outpatient clinics. *Inpatient* settings include: home health, inpatient rehab centers, skilled nursing facilities, or long term care center.

Volunteer/Observation hours must be under the supervision of a licensed physical therapist or physical therapist assistant. Hours must have been obtained in the last five years. Observation hours can be obtained at multiple clinical sites.

Applicant’s Name ____________________________

Name of facility: ________________________________

Type of setting: ________________________________

Volunteer/Observation or work experience dates and hours in facility:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

_____________________________  _______________________________  ____________
Clinician Signature  Printed Name/Title  Date

_____________________________  _______________________________  ____________
Student Signature  Printed Name/Title  Date