

**SEMINOLE COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
PHYSICAL THERAPY EXPERIENCE FORM**

#2

Criteria: Prospective students must have completed a minimum of 20 hours of **recent** observation, volunteer, and/or work experience in more than one physical therapy department. The most competitive candidates will exceed the basic minimum in all areas including observation hours, numbers, and types of sites.

Directions: Use one form for each facility. You may make copies of this form **DO NOT INCLUDE LETTERS OF RECOMMENDATION.**

Student Information:

Name of Student (print): _____ SCC Student ID # _____

Phone: _____ E-mail _____

Address: _____

Facility Information:

Name of Facility: _____

Address of Facility: _____

City: _____ State: _____ Zip: _____

Facility Phone Number: _____

Summary by Physical Therapist or Physical Therapist Assistant:

This pre-PTA student has (check one) worked _____ observed _____ , volunteered _____
in this P.T. Department for a total of _____ hours on date(s) _____

PT or PTA comments/recommendation: _____

PT/PTA Signature: _____ **PT/PTA License #:** _____

PT/PTA name (print): _____ **Date:** _____

Type of Facility: _____