

**DOCUMENTATION OF EXPERIENCE FORM**

**PLEASE PRINT:** Part 1 is to be completed by the applicant. Part 2 (back of this page) is to be completed by the Physical Therapist or Physical Therapist Assistant providing the documentation of experience.

**NOTE:** Therapists who supervise volunteer experiences cannot be a relative or personal friend of the student applicant.

**PART I:  
IMPORTANT!**

To the applicant: Complete ONLY Part 1 of this form before sending it with a stamped envelope to the PT or PTA who will be providing documentation of volunteer or work experience. Write the PTA Program's address on the envelope. **DO NOT HAVE THE FORM MAILED BACK TO YOU.**

1. Applicant's name: \_\_\_\_\_
2. STC Student ID #: A \_\_\_\_\_
3. Current Address: \_\_\_\_\_
4. Name of the PT or PTA supplying documentation:

name	title	facility
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5. Dates you spent at the above facility: \_\_\_\_\_
6. Total hours you spent at the above facility: \_\_\_\_\_
7. Circle the one type that best describes the facility:  
Acute care hospital                      Rehabilitation  
Long term care                              Home health  
School system                                Out-patient clinic  
Skilled nursing unit                        Other: \_\_\_\_\_

8. Circle the types of patients/diagnoses you observed:  
Orthopedic                      Athletic injuries                      Neurological (stroke, brain injury)  
Spinal cord injury                      Pediatrics                      Amputees  
Wounds/burns                      Cardiac conditions                      Hand/ Upper extremity  
Chronic pain/ pain                      General Surgery                      other: \_\_\_\_\_

9. Circle the following that describes the Physical Therapy interventions/activities you observed:  
Exercise                      Wound/burn care                      Critical care/Intensive care  
Gait training                      Aquatic therapy                      Home health program  
Family training                      Cardiac rehab                      Work hardening/conditioning  
Sports PT                      Pain management                      Modalities  
Evaluations                      Other \_\_\_\_\_

**PART 2: TO BE COMPLETED BY THE PHYSICAL THERAPIST/ASSISTANT**

**IMPORTANT:** To the physical therapist/assistant: The person described in Part I of this form is applying for admission to the South Texas College's Physical Therapist Assistant Program and is stating that experience or observation was gained under your supervision.

1. Please summarize this applicant's level of performance for each criterion using the following scale: **Poor, Fair, Good, Exceptional.** Please comment if appropriate.

**Listening skills:** \_\_\_\_\_

(attentiveness, responses, active listening)

Comments: \_\_\_\_\_

**Verbalization:** \_\_\_\_\_

(content, verbal interaction, language usage)

Comments: \_\_\_\_\_

**Interest:** \_\_\_\_\_

(questions, level of enthusiasm, overall attentiveness)

Comments: \_\_\_\_\_

**Behavior:** \_\_\_\_\_

(body language, manners, reliability, interaction with patients and staff)

Comments: \_\_\_\_\_

**Initiative:** \_\_\_\_\_

(readily helps, seeks learning opportunities, timeliness/compliance)

Comments: \_\_\_\_\_

2. Volunteer observer? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Hours \_\_\_\_\_

Paid employee? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Hours \_\_\_\_\_

3. \_\_\_\_\_ I recommend this applicant for admission without reservations.

\_\_\_\_\_ I recommend this applicant, with reservations. Explain: \_\_\_\_\_

\_\_\_\_\_ I do not recommend this applicant. Explain: \_\_\_\_\_

4. \_\_\_\_\_ I am not a relative or personal friend of this applicant.

**ATTENTION: THE FORM MUST BE FILLED OUT BY A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT.**

**(We will not accept forms that are filled out by Chiropractors, Athletic Trainers, or Medical Doctors)**

\_\_\_\_\_  
Signature Title PT/PTA License # Date

\_\_\_\_\_  
Name (Print) Facility Address Phone

**PLEASE RETURN THIS FORM IN THE ADDRESSED STAMPED ENVELOPE (PROVIDED BY THE APPLICANT) BEFORE THE APPLICATION DEADLINE SO THAT THIS APPLICANT MAY BE CONSIDERED FOR THE FALL SEMESTER. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT DIANA HERNANDEZ, PT, M.Ed. AT (956) 872-3152 or (956) 872-3161. THANK YOU FOR YOUR ASSISTANCE**

Attention: Physical Therapist & Physical Therapist Assistants

Please fill out this form and mail it to the following:

**South Texas College**

**PTA Program Attn.: Diana Hernandez, PT, MEd, Program Chair**

**P.O. Box 9701, McAllen, TX 78501**

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12. Name of the PT or PTA supplying documentation:

name

title

facility

13. Dates you spent at the above facility: \_\_\_\_\_

14. Total hours you spent at the above facility: \_\_\_\_\_

15. Circle the one type that best describes the facility:

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Rehabilitation

Long term care

Home health

School system

Out-patient clinic

Skilled nursing unit

Other: \_\_\_\_\_

16. Circle the types of patients/diagnoses you observed:

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Athletic injuries

Neurological (stroke, brain injury)

Spinal cord injury

Pediatrics

Amputees

Wounds/burns

Cardiac conditions

Hand/ Upper extremity

Chronic pain/ pain

General Surgery

other: \_\_\_\_\_

17. Circle the following that describes the Physical Therapy interventions/activities you observed:

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Wound/burn care

Critical care/Intensive care

Gait training

Aquatic therapy

Home health program

Family training

Cardiac rehab

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Sports PT

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Other \_\_\_\_\_

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(attentiveness, responses, active listener)

Comments: \_\_\_\_\_

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(content, verbal interaction, language usage)

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(readily offers assistance, seeks learning opportunities, timeliness/compliance)

Comments: \_\_\_\_\_

- 1. Volunteer observer? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Hours \_\_\_\_\_
- Paid employee? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Hours \_\_\_\_\_

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