



Saint Francis University  
Department of Physical Therapy  
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**DOCUMENTATION FORM FOR PHYSICAL THERAPY CLINICAL  
VOLUNTEER/PAID EMPLOYMENT EXPERIENCE**

**(PLEASE PRINT)**

STUDENT NAME: \_\_\_\_\_

STUDENT ID (last four digits SS#): \_\_\_\_\_

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The person named above is a physical therapy major enrolled in the pre-professional curriculum at Saint Francis University. All students are required to complete 80 hours of clinical experience prior to beginning the professional curriculum in partial fulfillment of the progression standards. By completing this form, you are verifying that the student was supervised by a physical therapist as a volunteer or paid employee. **This form requires the signature of a physical therapist.**

NAME OF CLINICAL FACILITY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

PRACTICE SETTING:  acute care/hospital     inpatient rehab     nursing home  
 out patient     other \_\_\_\_\_

\_\_\_\_\_ hours of experience were completed as a:     volunteer     employee

INCLUSIVE DATES: \_\_\_\_\_

Please indicate the typical responsibilities assumed by this student: (check all that apply)

1.    observed:     patient evaluations  
                           patient treatment
2.    assisted with:  basic exercise programs  
                           gait training  
                           patient transfers
3.    prepared:     patient for treatment  
                           treatment area  
                           modalities
4.     general housekeeping
5.     clean treatment areas
6.     other: (briefly describe) \_\_\_\_\_

NAME OF PHYSICAL THERAPIST: (please print) \_\_\_\_\_

POSITION / TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Student may photocopy as necessary.**