DOCUMENTATION FORM FOR PHYSICAL THERAPY
VOLUNTEER/PAID EMPLOYMENT EXPERIENCE

(PLEASE PRINT)

STUDENT NAME _____________________________________________STUDENT ID : __________

STUDENT SIGNATURE: ______________________________________ DATE: __________

The person named above is a physical therapy major enrolled in the pre-professional curriculum at Saint Francis University. 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.**

**All students are required to complete 80 hours of PT clinical experience in two different practice settings (completing a minimum of 10 hours in two settings) prior to the beginning of the Junior year in partial fulfillment of the progression standards.**

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.