Physicians Therapist Assisting Program
Cuyahoga Community College
Experience Verification Form

Student Name_______________________________________   Date of Application:_____________________

Applicants to the PHYSICAL THERAPIST ASSISTING PROGRAM at Cuyahoga Community College are required to obtain 40 hours of documented volunteer, observation, or work experience in a physical therapy environment, under the supervision of a physical therapist or physical therapist assistant. This experience allows the student to observe physical therapy in action in order to gain familiarity with the tasks and requirements of the field.

For applications submitted after December 31, 2017, the following requirements must be met:

1. Students must complete the 40 hours within 2 years prior to submitting their application to the program.
2. Students must split the 40 hours between at least 2 different types of physical therapy environments.
3. Students must attach a business card or other printed media from the facility where the hours are completed.

This form may be used for up to 2 different facilities.

**EXPERIENCE VERIFICATION:** Supervising clinician must fill out this box completely

The student above has volunteered, observed or been employed in the physical therapy department at this facility for a total of _________ hours from _____/_____/_______ to _____/_____/_______.

Name of Facility____________________________________________________Type_________________________
Address_______________________________________________________________________________________
City________________________________________________State_____________________ Zip______________
Phone _______________________________ Email____________________________________________________
Name of PT/PTA and credentials___________________________________________________________________
Signature__________________________________________________Date________________________________
Please attach business card or other printed media from your facility.

**EXPERIENCE VERIFICATION:** Supervising clinician must fill out this box completely

The student above has volunteered, observed or been employed in the physical therapy department at this facility for a total of _________ hours from _____/_____/_______ to _____/_____/_______.

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