PHYSICAL THERAPY EXPERIENCE FORM
PHYSICAL THERAPIST ASSISTANT PROGRAM
WALLACE COMMUNITY COLLEGE

Applicant Name_____ Student Number_____

All applicants must complete 20 hours of verified observation or volunteer time in 2 separate physical therapy departments, including 10 hours in an in-patient setting (acute care hospital or skilled nursing facility), and 10 hours in an out-patient or specialty clinic. Individuals working as paid employees in a physical therapy department may use their regular work hours to complete up to 10 hours of this requirement. Complete this form and have the physical therapist or physical therapist assistant that you observed sign. ONLY THE SIGNATURE OF A PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT IS ACCEPTABLE. Please turn in the completed form with your program application.

Observation Record

Facility Name	Date (Day/Mo/ Year)	Number of Hours Completed	Signature of Licensed PT or PTA	Acute Care	Skilled Nursing	Outpatient	Other

Work Experience/Paid Employment in a PT Department

(Up to 10 hours; *If Applicable*)

Facility Name	Date (Day/Mo/ Year)	Number of Hours Completed	Signature of Licensed PT or PTA	Acute Care	Skilled Nursing	Outpatient	Other