HOWARD COMMUNITY COLLEGE
You Can Get There From Here.

PHYSICAL THERAPIST ASSISTANT
CLINICAL EXPERIENCE DOCUMENTATION

TO BE FILLED OUT BY APPLICANT AND FORWARDED TO PT CLINIC SUPERVISOR—*PLEASE PRINT NEATLY*

Applicant's Full Name: _____
first *middle* *last*

Address: _____
street address *city* *state* *zip code*

Telephone: _____ **Email**: _____

Please read the following admissions policy and sign below.
I understand that PTA applicants are required to have a minimum of 50 hours of documented PT clinical observation experience. It is ***preferred*** that the clinical experience be obtained from two different clinical sites. Applicants currently employed in PT clinical settings may use their place of employment as one of the two settings.

Signature: _____ **Date:** _____

PHYSICAL THERAPY CLINIC SUPERVISOR

PTA applicants must complete a minimum of 50 documented hours of clinical experience in which they can learn more about the PT field. We appreciate your assistance by completing this form which will become part of the applicant's admissions package. Please contact Mary O'Rourke, Director of Admissions for Nursing & Allied Health, with questions at 443-518-4778.

Documentation must be received by the Office of Admissions & Advising no later than January 15, 2019 in order to be considered:

Howard Community College
Office of Admissions and Advising (RCF-242)
10901 Little Patuxent Parkway
Columbia, MD 21044

PHYSICAL THERAPY CLINIC SUPERVISOR—*PLEASE COMPLETE AND SIGN*

Facility Name: _____ **Telephone:** _____

Facility Address: _____
street address *city* *state* *zip code*

Dates of Experience: _____ **Number of Hours Spent in Clinic:** _____

The primary type of involvement the applicant had in the clinic was as*: (select one)*

☐ **Volunteer** ☐ **Paid employee** ☐ **Patient** ☐ **Observer of a friend/family member who was a patient** ☐ **Other**

If other, please describe: _____

The type of experience the applicant had in the clinic included: *(select all that apply)*

☐ **Observation only**
☐ **Observation and conversation with patients/staff**
☐ **Some hands-on experience with patient**
☐ **Frequent assistance with treatment under staff supervision**
☐ **Some patient transport duties**
☐ **Occasional assistance with equipment and monitoring of independent treatment activities**

If other, please describe: _____

This facility can best be described as:

☐ **Inpatient rehabilitation setting** ☐ **Outpatient orthopedic setting** ☐ **Outpatient rehabilitation setting**

If other, please describe: _____

Supervisor's Name: _____ **Title:** _____

Signature: _____ **Date:** _____