



**Idaho State
University**

**College of
Technology**

**Experience Documentation Form
Physical Therapist Assistant Program**

Information for the Applicant:

Twenty volunteer or observation hours are **required**. One point per hour will be awarded to the applicant for a **maximum of 20 points**. It is the applicant's responsibility to reach out to an appropriate PT or PTA setting and schedule the observation hours. An acute care setting is preferred, but other physical therapy environments (e.g. outpatient, sports medicine, long-term care) will be accepted as long as the experience has been under the supervision of a physical therapist or physical therapist assistant. The applicant **MUST** complete five hours in one setting and five hours in another. The hours completed **CANNOT** include time spent as a patient receiving PT. The settings selected **CANNOT** be a current place of employment.

Please ask the PT or PTA you completed your observations hours with to complete this form and send it to the office listed below via mail or email:

Idaho State University
College of Technology Student Services
921 S 8th Ave. STOP 8380
Pocatello, ID 83209-8380
Phone: 208-282-2622 or Email: ctechss@isu.edu

Note: Experience must have been obtained within the last five (5) years.

Applicant Name: _____

Physical Therapist or Physical Therapist Assistant
(Under whom student worked or did volunteer hours), or name and title of person completing this form:

Name and address of clinic:

Telephone: _____

Type of facility: (acute-care hospital, out-patient, private practice, rehabilitation, SNF, school system, industrial, etc.) If your business encompasses several clinical sites, please explain.

Type of experience: (major types of patients treated: ortho, rehab, acute, geriatric, etc.)

Dates applicant observed or volunteered with you: (Please state MONTH, DAY, YEAR)

- From: _____ To: _____

Total hours of observation/experience in your facility:

- _____

(These hours must be completed by the application deadline and have occurred within the last five years.)

PT or PTA Signature

Date