

# DOCUMENTATION OF EXPERIENCE

## Instructions to the Applicant

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It is the applicant's responsibility to secure exposure to **at least 40 hours** of physical therapy services either through volunteering, observation, or as a paid employee as a physical therapy tech/ aide.

- **You must provide one form from EACH facility where the hours were performed.**
  - **The PT or PTA you observed or worked with must sign the form.**
  - **This form MUST be postmarked PRIOR to the April 1 deadline in order to be considered for admission.**
- This form must be completed and mailed by the facility OR sealed, signed and given to the applicant for submission. This form will only be considered for the applicant if the envelope is unopened, sealed and signed.

Before the facility seals the form, it is recommended that the student request a copy of the form for their records.

The applicant will provide the facility both sheets of this form as well as an addressed envelope.

Address should be to:                   TCC Physical Therapist Assistant Program Application  
  Trinity River East Campus  
  245 East Belknap  
  Fort Worth, TX, 76102

## Instructions to the Employer/ Facility

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The person listed on the following form has applied for admission to the physical therapist assistant program at Tarrant County College, Fort Worth, Texas. To satisfy admissions criteria, we require documentation of at least 40 hours of work, observation, volunteer experience in physical therapy. Your prompt response will assist in completing the applicant's file.

On the Documentation of Experience Form, please mark the category (or categories) that best describes the position held by the applicant. Write in the total clock hours completed for each category. The total 40 hours can be completed at multiple locations and times. Note: Inaccurate or false information on the form will void the student's application.

All hours must have been completed in the United States. **Do not include hours completed more than 5 years prior application deadline.** This form is only evidence of experience and not a reference.

- **Place completed form in addressed envelope provided by applicant.**
- **Before mailing or submitting to applicant, SEAL and write your signature across the envelope closure.**
- **Envelope must be postmarked by April 1.**

## DOCUMENTATION OF EXPERIENCE FORM (pg. 2 of 2)

### THE APPLICANT WILL COMPLETE ONLY THE TOP PORTION OF THIS FORM:

Print Name (Last, First , Maiden)	Date
Phone Number (required)	Email address (required)

### THE EMPLOYER/ FACILITY MUST COMPLETE THE INFORMATION BELOW:

Based on the descriptions below, locate the type of hours the applicant completed and fill in the requested information.  
Thank you for completing this form for the applicant.

TYPE OF EXPERIENCE	TOTAL CLOCK HOURS <small>**Within last 5 years**</small>	START DATE OF HOURS	END DATE OF HOURS
<b>1. PAID PHYSICAL THERAPY TECH OR AIDE</b> <input type="checkbox"/> Hours applicant worked were as a TECH in a PT department providing <i>PHYSICAL THERAPY</i> rehabilitation as directed by a PT or PTA (combination of PT/ OT tech hours allowed, but majority must be with Physical therapy)  <input type="checkbox"/> Hours applicant worked were as an ATHLETIC TRAINER (ATC/ LAT) in a PT department providing <i>PHYSICAL THERAPY</i> rehabilitation as directed by a PT or PTA			
<b>2. UNPAID VOLUNTEER OR OBSERVER</b> <input type="checkbox"/> Applicant was strictly a volunteer or observer in a PT department providing <i>PHYSICAL THERAPY</i> rehabilitation as directed by a PT or PTA			

Print Name of Person Completing this Form, Credentials and Professional Title	Signature of Person Completing this Form
Facility Name	Contact Number
<i>*If the person completing this form is not a PT or PTA (such as an office manager or HR manager), please have the PT or PTA supervising the applicant write his/ her name and signature here:</i>	