

# 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 within the last 5 years either through volunteering, observation, or as a paid employee as a physical therapy tech/ aide. Hours can be obtained at multiple clinics as long as physical therapy services are being provided by a PT/PTA.

- **You must provide one form from EACH facility where the hours were performed.**
- **A PT or PTA you observed or worked with must sign the form.**
- **Forms must be uploaded to your online application under the Observation/Work Experience tab.**
- **Applicant must obtain a reference from a PT/PTA who supervised the observation. Reference form will be emailed to the PT/PTA through the online application site.**

## Instructions to the Employer/ Facility

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 document proof of the number of hours the applicant performed. Forty total hours are required for application. These hours do not have to be from one facility. 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 to application deadline of June 1st.** This form is only evidence of experience and not a reference.

## 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 FACILITY MUST COMPLETE THE INFORMATION BELOW:

Based on the descriptions below, indicate 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                     | # of HOURS up to 40<br>**Within last 5 years**) | START DATE OF HOURS | END DATE OF HOURS |
|----------------------------------------|-------------------------------------------------|---------------------|-------------------|
| Please circle: paid or volunteer hours |                                                 |                     |                   |
|                                        |                                                 |                     |                   |

|                                                                                                                                                                                                      |  |                                          |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------|--|
| 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> |  |                                          |  |