

Date:

DOCUMENTATION OF PHYSICAL THERAPY CLINICAL EXPERIENCE

(Applicant)

Has volunteered/worked in the following Health Care Facility:

_____ Phone:(_____)_____

from (date): _____ to: (date)_____ for a total of _____ hours

During this time _____ was working directly with a licensed physical therapist on staff. Please provide a brief summary of duties below:

Signature of Licensed Physical Therapist

(Please photocopy this form on the appropriate facility letterhead)