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:_____

Applicant's, please ensure the document is filled out in its entirety before uploading to your online application. The online application for the Fall program may be found between September 15 and January 15 at www.howardcc.edu/ptaadmissions.

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 HCC's Nursing and Allied Health Team with questions at admissions@howardcc.edu.

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:** _____

PROGRAM ACCREDITATION: The Physical Therapist Assistant Program at Howard Community College is accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 3030 Potomac Ave., Suite 100, Alexandria, VA 22305-3085; telephone: 703-706-3245; email: accreditation@apta.org; website: www.capteonline.org. If needing to contact the program/institution directly, please call 443-518-3042.