

LAKE SUPERIOR COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
VERIFICATION OF VOLUNTEER EXPERIENCE

FOR OFFICE USE ONLY:

Date received _____

E-mail Verification

Entered in database

This admission requirement will help prospective PTA students determine if physical therapy is an appropriate career selection. INCOMPLETE FORMS WILL BE RETURNED TO THE STUDENT. Students are required to complete the following:

A) Tour physical therapy department/s of the student's choice (call for an appointment).

B) Interview a physical therapist and/or physical therapist assistant about what they like about their job, how they became interested in the field, types of patients they work with, etc. Have the person interviewed sign this form below.

C) Volunteer for a **total** of at least 40 hours in at least two different types of PT clinics. (For example: 20 hours at a hospital and 20 hours at an outpatient sports medicine clinic; or 30 hours at a nursing home and 10 hours at a specialty clinic.) Have a PT or PTA for each clinical site sign this form. Students are to make their own arrangements by contacting clinics/hospital PT departments.

D) Return completed form to the Lake Superior College PTA Program, 2101 Trinity Road, Duluth, MN 55811. Forms received by March 1 will have priority over those received later.

Student's Name (print clearly) _____ **LSC ID number (required)** _____

E-mail address (used to send verification that this form was received) _____

TOUR:

Physical Therapy Department tour was at _____
(facility name, city and state)

(signature of PT/PTA and credentials) PRINTED name of PT/PTA _____

PT/PTA License #/State (**required**) _____ date ____/____/____

INTERVIEW:

I interviewed _____ from _____
(PT/PTA name) (place of employment, include facility name, city and state)

(signature of PT/PTA and credentials) PRINTED name of PT/PTA _____

PT/PTA License #/State (**required**) _____ date ____/____/____

CLINIC #1

Location _____
(facility name, city and state)

The total number of hours the student observed was _____ **Start date** ____/____/____ **to end date** ____/____/____

(signature of PT/PTA and credentials) PRINTED name of PT/PTA _____ PT/PTA License #/State _____

CLINIC #2

Location _____
(facility name, city and state)

The total number of hours the student observed was _____ **Start date** ____/____/____ **to end date** ____/____/____

(signature of PT/PTA and credentials) PRINTED name of PT/PTA _____ PT/PTA License #/State _____

If this entry requirement appears restrictive, the PTA Program Advisory Board will hear and assess written appeals upon request and before the March 1 deadline for program selection. Contact the PTA Program Director at j.worley@lsc.edu for documentation requirements and appeal process.