

PRINT THIS FORM FRONT TO BACK ON A SINGLE PAGE

- Provide documentation of a minimum of 20 hours of Physical Therapy clinical experience (work, volunteer or observation). Optional bonus points will be awarded for completion of observation hours in a different clinical experience setting.
- The clinical experience must occur within five (5) years of applying to the PTA program.
- A separate form must be submitted for each facility, experience or setting
- Your response to knowledge gained must be legibly written in only the box below
- Your response will be evaluated to determine your content, grammar & spelling point total along with the two (2) Essay Question responses

To Be Completed By the Applicant

Applicant Name: _____

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check the type of PT clinical experience gained: Employee Volunteer Observation

Experience: Check ONE of the following experiences/settings which best describes the experience:

- | | |
|--|--|
| <input type="checkbox"/> Out-patient Orthopedic | <input type="checkbox"/> In-Patient Acute Care/Hospital |
| <input type="checkbox"/> Out-patient Neuro Rehab. | <input type="checkbox"/> In-Patient Sub-Acute Care/Nursing Facility/Nursing Home |
| <input type="checkbox"/> Out-patient Pediatrics | <input type="checkbox"/> In-Patient Rehabilitation Hospital/Unit |
| <input type="checkbox"/> Out-patient Varied Patient Population | <input type="checkbox"/> Home Health Care |
| <input type="checkbox"/> Out-patient Industrial Rehab. | |
| <input type="checkbox"/> School-Based Pediatrics | |
| <input type="checkbox"/> Other (please describe) _____ | |

Describe the knowledge you have gained from this experience and how this experience has impacted your decision to apply to the PTA program through specific examples and explanations.

TO BE COMPLETED BY THE PT OR PTA SUPERVISING THE APPLICANT

- Thank you for allowing the applicant the experience provided
- Please verify the facility information on page 1 of 2 and complete the information below

The applicant named above completed _____ hours of clinical experience between the dates of:
Month: _____ Year: _____ and Month: _____ Year: _____.

Please check all Duties/Tasks that the applicant performed during this experience.

Patient Care Duties/Tasks

- Administer therapeutic massage, superficial cold/heat, traction &/or electrical modality treatments, such as ultrasound, under direction of PT/PTA
- Instruct, motivate, safeguard and assist patients practicing exercises & functional activities, under direction of PT/PTA
- Observe patients during treatment to compile data on patients' responses and progress, and report to the PT/PTA
- Measure patient's vital signs and report to the PT/PTA
- Help patients with limited mobility to/from the treatment area
- Transport patients to/from treatment areas, using wheelchairs or providing standing support
- Assist patients to dress, undress, and put on and remove supportive devices, such as braces, splints, and slings.
- Assist the PT &/or PTA to physically support &/or lift patients
- Other Patient Care tasks (please describe):

Supportive Duties/Tasks

- Greeting patients
- Keep the treatment/office area clean and organized
- Arrange treatment/office supplies to keep them in order
- Change linens, such as bed sheets and pillow cases
- Order depleted clinic/office supplies
- Answering the phone
- Schedule patient appointments
- Handle paperwork such as insurance forms and other patient information
- Record treatment given &/or equipment used
- Other Supportive tasks (please describe):

Name of Facility: _____

Name of Evaluator (please print): _____ Date: _____

Position (PT or PTA): _____ Phone Number: _____

Evaluator Signature: _____ E-mail: _____

Please place page 1 & 2 of the completed form in an envelope, seal the envelope, sign your name across the seal and return to the applicant. The applicant will submit the form in the sealed envelope to:

McHenry County College
PTA Program-Room E212
8900 US Highway 14
Crystal Lake, IL 60012