



Saint Francis University
Department of Physical Therapy
PO Box 600
Loretto, PA 15940-0600
(814) 472-3123
Fax: (814-472-3140

**DOCUMENTATION FORM FOR PHYSICAL THERAPY
VOLUNTEER/PAID EMPLOYMENT EXPERIENCE**

(PLEASE PRINT)

STUDENT NAME _____ STUDENT ID : _____

STUDENT SIGNATURE: _____ DATE: _____

The person named above is a physical therapy major enrolled in the pre-professional curriculum at Saint Francis University. By completing this form, you are verifying that the student was supervised by a physical therapist as a volunteer or paid employee. **This form requires the signature of a physical therapist.**

****All students are required to complete 80 hours of PT clinical experience in *two* different practice settings (completing a minimum of 10 hours in two settings) prior to the beginning of the Junior year in partial fulfillment of the progression standards.****

NAME OF CLINICAL FACILITY: _____

ADDRESS: _____

TELEPHONE: _____

PRACTICE SETTING: acute care/hospital inpatient rehab nursing home
 out patient other _____

_____ hours of experience were completed as a: volunteer employee

INCLUSIVE DATES: _____

Please indicate the typical responsibilities assumed by this student: (check all that apply)

1. observed: patient evaluations
 patient treatment
2. assisted with: basic exercise programs
 gait training
 patient transfers
3. prepared: patient for treatment
 treatment area
 modalities
4. general housekeeping
5. clean treatment areas
6. other: (briefly describe) _____

NAME OF PHYSICAL THERAPIST: (please print) _____

POSITION / TITLE: _____

SIGNATURE: _____ DATE: _____

Student may photocopy as necessary.