

WEATHERFORD COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
Verification of Volunteer/observation Hours or work experience

APPLICANT INFORMATION: To be completed by the applicant

In order to provide adequate information as to my personal character and qualifications, I authorize the party receiving this form to contact Weatherford College Physical Therapist Assistant Program to discuss any information about me during these observation hours I agree that the information provided will become a part of my application file. I further agree that information will not be disclosed to me, but will be treated as confidential. I waive any right to see this information at any time either prior to, during, or subsequent to my application to the Weatherford College Physical Therapist Assistant Program. I hereby authorize the individuals I observed to be contacted and to speak freely regarding my qualifications. In that regard, I hold them harmless from any civil actions on my part regarding their comments.

Please print name

Phone Number

Applicant's Signature

Date

FACILITY INFORMATION:

Facility Name _____

Phone # _____

Facility Address _____

Physical Therapy Setting ___ acute ___ OP ___ Rehab ___ SNF/LTC ___ Home Health

___ Other _____ (school setting, hippotherapy, aquatics, Etc.)

Dates of Observation _____

Total # of hours _____

or

Dates of Employment _____

Total # of hours _____

Please estimate the hours in each setting if employed in a multi-setting PT environment above.

Observing Physical Therapist or Physical Therapist Assistant: If there is any information or concerns you would like to share regarding these observation hours or this candidate please contact Cindy Lavine, PTA Program Director by email at clavine@wc.edu, or by phone at (817)598-8873.

Please Print Name

PT / PTA
circle one

Phone # _____

Signature

Date