



Saint Francis University
Department of Physical Therapy
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**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 a minimum of 50 hours which can be completed in one or more 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.