EMPLOYMENT VERIFICATION/OBSERVATION HOURS EVALUATION FORM

This form is to verify the employment of the applicant as a Physical Therapy Tech or Rehabilitation Aide or to confirm Observation Hours of a PT or PTA in a clinical setting and provide a brief evaluation of the applicant's performance for admissions purposes to the FCC Physical Therapist Assistant Program. This form MUST be completed by a Supervising Clinician. Responses are confidential and will not be released to the student/applicant.

Applicant Name: _____

☐ Employed as PT Tech or Rehab Aide ☐ Observed a PT or PTA in a clinical setting

Dates of employment/observation: _____

Name of Facility: _____

Address: _____

_____

Number of hours worked or observed in past five years: _____

Based on your observations, how strongly would you recommend this applicant for admission to a PTA program?

Do Not Recommend	Recommend	Highly Recommend

Supervising Clinician Name: _____

Phone Number: _____

Email: _____

_____

Signature of Supervising Clinician