Post-Grad Clinical Work Experience

FOR APPLICANT TO COMPLETE BEFORE MAILING TO SCHOOL

LAST NAME	FIRST NAME	MIDDLE NAME

DATE OF BIRTH (MM/DD/YY)	FILE NUMBER

Name of direct supervisor: _____

PT, PTA, or Other?: _____

Email Address: _____

Name of person completing the form (if different form direct supervisor): _____

PT, PTA, or Other?: _____

Facility Name: _____

Address: _____

Type of facility (hospital, private clinic, etc.) _____

Phone Number: _____

Website: _____

Applicant's dates of employment as a PT: From _____ To_____

Average hours/week worked in direct patient care as a PT: _____

Total number of hours worked in direct patient care as a PT in the three years immediately prior to submission of this form:

_____

List of physical therapists that worked at the facility with the applicant:

Name	Title	Years of experience as a PT

Based upon the performance of _____, the applicant **has/has not (circle one)** exhibited safe
Name of applicant
and effective care as a Physical Therapist.

To my knowledge, _____ **has/has no (circle one)** disciplinary actions or complaints filed
Name of applicant
within the past three years on any professional license.

Post-Grad Clinical Work Experience

Attestation of person completing form. Requires notary seal and signature.

I, _____, hereby certify under oath that I am the person who completed
Print name
form regarding post-graduate clinical work experience for _____;
Name of Applicant
and
That all statements and documents enclosed herein are true.

_____
SIGNATURE

_____
DATE

NOTARY USE ONLY

Subscribed and sworn to before me, this_____ day of_____, 20_____, in the

Country of _____, State of_____, City of _____

_____
SIGNATURE & SEAL OF NOTARY

Attestation of person completing form. Requires notary seal and signature.

I, _____, hereby certify under oath that, to the best of my knowledge,
Print Name
all statements and documents enclosed herein as part of the post-graduate clinical work experience verification form are true.

_____
SIGNATURE

_____
DATE

NOTARY USE ONLY

Subscribed and sworn to before me, this_____ day of_____, 20_____, in the

Country of _____, State of_____, City of _____

_____
SIGNATURE & SEAL OF NOTARY