

2021 DOCUMENTATION OF EXPERIENCE FORM

PLEASE PRINT. *Part 1 is to be completed by the applicant. Part 2 (back of this page) is to be completed by the PT or PTA providing the documentation of experience. NOTE: the person completing this form should be the PT or PTA who has provided most of your supervision.*

PART 1: TO BE COMPLETED BY APPLICANT

IMPORTANT!

To the Applicant: Complete ONLY Part 1 of this form before sending it with a self-addressed stamped envelope to the PT or PTA who will be providing your documentation of experience. Write your name and address on the envelope and when it has been returned to you, enclose the SEALED envelope with the rest of your application materials. Do not open the envelope when you receive it. *If the seal is broken on the envelope, your entire application will be returned to you.*

1. Applicant's Name _____

2. Applicant's Current Address _____

3. Name of PT or PTA supplying documentation:

Name/Title	Facility	Phone	e-mail
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4. Dates you spent at the above facility _____

If you are REAPPLYING for the PTA Program note only dates completed from last application to March 31, 2020.

5. Total hours you spent at the above facility _____

If you are REAPPLYING for the PTA Program note only hours completed from last application to March 31, 2020.

6. Circle the following that best describes the type of facility where you gained your experience.

Acute Care	In-Patient Rehab	Skilled Nursing Facility
Long Term Care	Out-Patient	Home Health
Other: _____		

7. Circle the types of patients that you observed:

Orthopedics	Hand Therapy	Neurological (CVA, TBI)	Geriatrics
Spinal Cord	Pediatrics	Amputees	Pulmonary
Wounds/Burns	Sports	Other: _____	

PART 2: TO BE COMPLETED BY LICENSED PT or PTA

IMPORTANT! To the PT or PTA: The person described in Part 1 of this form has applied for admission to the Delgado Community College Physical Therapist Assistant Program and stated on his/her application that experience in physical therapy was gained under your supervision. If you'd like to make additional comments, please contact Susan Welsh, Program Director, 504-671-6240 or e-mail swelsh1@dcc.edu.

1. Please summarize your evaluation of this applicant by circling the number on the rating that best indicates the applicant's level of performance. Your clarifying comments are appreciated. Please use additional page if needed to clarify your response.

Listening	1	2	3	4	5	6	7
	Does not listen attentively or respond appropriately	Sometimes listens attentively, often requires prompting	Usually listens attentively, sometimes requires prompting.	Always listens attentively and follows directions.			

Comments:

Behavior	1	2	3	4	5	6	7
	Unreliable, no initiative, inappropriate.	Sometimes reliable, some initiative, occasionally inappropriate.	Usually reliable, displays initiative, relates well to others	Always reliable, displays initiative, relates well to others			

Comments:

2. Please describe your professional impression regarding this candidate's suitability for admission to the PTA program. *Please use an additional page if necessary.*

- _____ **I HIGHLY recommend this applicant for admission WITHOUT RESERVATION** (applicant exceeded expectations and was exceptional compared to all applicants I have supervised).
- _____ **I recommend this applicant for admission WITHOUT RESERVATION** (applicant met expectations and was always appropriate and professional).
- _____ **I recommend this applicant for admission WITH RESERVATION** (applicant did not always meet expectations). *Please describe on separate page.*
- _____ **I DO NOT RECOMMEND** this applicant for admission. *Please describe on separate page.*
- _____ **I AM UNABLE TO MAKE A RECOMMENDATION** on this applicant because he/she was not with me long enough. *If you are unable to make a recommendation for this applicant because he/she was not with you long enough, please let the applicant know that you cannot complete this part of the application.*

3. Have you observed any behavior by this applicant that was inappropriate, unprofessional, made anyone uncomfortable, or in any way made you question this applicant's ability to function professionally and ethically as a licensed PTA? Yes _____ No _____
If yes, please comment on a separate page.

4. Please describe this applicant's major strengths and weaknesses.
Strengths:

Weaknesses:

5. Volunteer/Observer? Yes _____ No _____ Approximate Number of Hours _____
 Paid Employee? Yes _____ No _____ Approximate Number of Hours _____

I verify that I am the person who supervised this applicant and that the information provided above is accurate and true.

Signature _____ **Position/Title** _____ **PT or PTA License #/State** _____ **Date** _____

Name (Please Print) _____ **Facility** _____ **Your Email Address** _____ **Your Phone #** _____

This form is to be mailed to the applicant in the envelope provided. PLEASE SEAL AND SIGN ACROSS THE SEAL TO INSURE CONFIDENTIALITY. Return the sealed, signed envelope to the applicant who will submit it unopened with the rest of his/her application. Thank you for your assistance, and please contact Susan Welsh at 504-671-6240 or swelsh1@dcc.edu if you would like to discuss this applicant or if you have any questions or concerns.