

GENESEE COMMUNITY COLLEGE
PTA Program
Volunteer/Work Experience Recommendation Form

APPLICANT's NAME _____
S.S. # _____

Applicant: Please complete the above information, sign the waiver to release this information, and give this form to the person who supervised your volunteer/work experience in physical therapy.

WAIVER: Pursuant to the Family Education Rights and Privacy Act (Buckley Amendment) signed into law on December 31, 1974, I the undersigned, DO ___ DO NOT ___, waive my right of access to inspect and review this letter of recommendation.

(Signature)

The above named individual, who is seeking admission to our physical therapist assistant program, has indicated that he/she has volunteered or worked at your facility. We request that applicants complete a minimum of twenty (20) hours of experience in a physical therapy environment. We would appreciate your verification of the applicant's experience by completing this form and returning it directly to us at the address specified below at your earliest convenience.

Applicant's relationship to your facility: ___ Volunteer ___ Employee

Type of clients served by your facility: _____

Total number of hours applicant participated in a physical therapy environment: _____ hours

Dates: _____

Identify as closely as possible the number of hours (or percent time) the applicant spent in each of the following activities:

- _____ Observation of PT treatment sessions
- _____ Observation of other patient care activities (eg, OT, speech)
- _____ Participation in non-direct patient care activities (eg, clean treatment areas, wrap hot packs)
- _____ Participation in direct patient care activities (eg, sit with patient during treatment, assist therapist, transport patients)

COMMENTS:

Overall, I would rate the applicant as follows: (Please check 1 box)

Highly recommend for PTA Program Recommend for PTA Program Do NOT recommend for PTA Program

Name of facility _____

Address _____

Name of person completing form _____ Date _____

Title _____ Telephone () _____

Signature _____

Please Mail this form to:

Physical Therapist Assistant Program
Genesee Community College
1 College Road
Batavia, NY 14020