GENESEE COMMUNITY COLLEGE
PTA Program
Volunteer/Work Experience Recommendation Form

APPLICANT'S NAME   _____
GCC Student #   _____
    (if applicable)

Applicant: Please complete the above information, sign the waiver below 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.

_____
(Student Signature)

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

IMPORTANT

      {   } *Recommended for PTA Program*

      {   } *Do <u>NOT</u> recommend for PTA Program*

Reason if <u>NOT</u> recommended_____

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 (OT, speech, etc…)
         _____   Participation in non-direct patient care activities (clean treatment areas, wrap hot packs, etc…)
         _____   Participation in patient care activities (sit with patient during treatment, assist therapist, pt transport)
COMMENTS:

_____
_____

Clinic Name & 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