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)

{     } Recommended for PTA Program

{     } Do NOT recommend for PTA Program

Reason if NOT 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