



PHYSICAL THERAPIST ASSISTANT PROGRAM: CLINICAL EXPERIENCE FORM

Student Name: _____

Facility Name: _____ **Phone Number:** _____

Please check one of the following: Acute/Inpatient Facility Skilled Care Facility Outpatient Facility

Please write comments below based on student’s participation during shadowing experience. If student shadowed more than 3 times at your facility, please use additional forms.

Date			
On time			
Professional Attire			
Attitude			
Appropriate Questions			
Interested in Learning			
Hours Completed			

Signature of supervising PT/PTA: _____ **PT/PTA License #:** _____

Effective May 2016, the Physical Therapist Assistant Program at Eastern Florida State College has been granted Candidate for Accreditation status by the Commission on Accreditation in Physical Therapy Education (1111 North Fairfax Street, Alexandria, VA, 22314; phone: 703-706-3245; email: accreditation@apta.org). Candidate for Accreditation is a pre-accreditation status of affiliation with the Commission on Accreditation in Physical Therapy Education that indicates that the program is progressing toward accreditation and may matriculate students in technical/professional courses. Candidate for Accreditation is not an accreditation status nor does it assure eventual accreditation.