

**HOCKING COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM
VOLUNTEER/WORK EXPERIENCE AND RECOMMENDATION FORM**

Fifty (50) hours of volunteer or work experience are required for admission to the clinical year of the Physical Therapist Assistant Program. A minimum of 20 hours must be in acute care (hospital inpatients) or sub acute care (hospital inpatients or sub acute facility). The remaining 30 hours may be in a setting of your choosing. Ask the supervising therapist if you are unsure of the status of a facility. You must also submit two Recommendations (see reverse side of this page) completed by physical therapists or physical therapist assistants not related to you under whom you volunteered.

1. At the beginning of your volunteer experience, give this form to the evaluating therapist along with a stamped envelope addressed to: ADMISSION PROCESSING OFFICE, HOCKING COLLEGE, 3301 HOCKING PARKWAY, NELSONVILLE, OH 45764
2. Complete first section: applicant name & address, facility name & address, and the number of volunteer hours performed at the facility or work experience. Use a separate form for each facility.
3. Indicate whether you do or do not wish to review the Recommendation (see reverse side of this page). The final decision remains with the evaluating therapist.
4. Attach time sheets which include separate columns for acute/sub acute care and "other" hours. The supervising therapist must sign each day's entry on the time sheet. Use the attached sheet if the facility does not supply them. **IF YOU ARE SUBMITTING TWO RECOMMENDATIONS FROM THE SAME FACILITY, COMPLETE THE FIRST SECTION ON BOTH FORMS BUT ONLY ATTACH YOUR TIME SHEETS TO ONE OF THESE FORMS.**
5. When you have completed the volunteer hours, the supervising PT/PTA should mail the Recommendation Form, along with your time sheet to Admissions Processing using the envelope you provided.

Applicant Name: _____ Social Security # _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: Day() _____ Evening() _____

Facility: _____

Address: _____

Telephone: _____

Volunteer Hours: Acute/Sub acute _____ Other _____ Total Hours _____

OR

Work Experience: Dates of Employment: _____ Position: _____

Supervising therapist or employer: Please sign and date below to verify the applicant's volunteer hours or dates of employment with your facility.

Supervisor (Please print): _____

Signature: _____ Position: _____ Date: _____