



Atlanta Technical College
Health & Public Safety Technologies Division
Physical Therapist Assistant Program

DOCUMENTATION OF PHYSICAL THERAPY EXPERIENCE

You are required to complete 24* hours of volunteer and/or paid work experience in at least two physical therapy areas. The hours may be split in any combination, provided a minimum of 8 hours is spent in one setting. This experience should familiarize you with the depth and breadth of physical therapy. Please use this form to document your experiences.

Name: _____ SSN: _____

1. Name of Facility: _____
Type of facility: Outpatient Pediatrics Nursing Home
 Hospital Rehab Other: Assisted Living Facility

Name/Title of Immediate Supervisor: _____

Phone Number: _____

Email/ Fax: _____

Total Number of Hours of Experience: _____

Signature of Supervisor: _____

2. Name of Facility: _____
Type of facility: Outpatient Pediatrics Nursing Home
 Hospital Rehab Other _____

Name/Title of Immediate Supervisor: _____

Phone Number: _____

Email/ Fax: _____

Total Number of Hours of Experience: _____

Signature of Supervisor: _____

3. Name of Facility: _____
Type of facility: Outpatient Pediatrics Nursing Home
 Hospital Rehab Other _____

Name/Title of Immediate Supervisor: _____

Phone Number: _____

Email/ Fax: _____

Total Number of Hours of Experience: _____

Signature of Supervisor: _____

*The number of required hours was amended to a total of 8 for the admission year 2020-2021; such amendments are based on availability of clinical sites during the COVID-19 pandemic and as such are dismissed for future admissions until further notice from the program. Applicants are advised to attend program information sessions within the year they seek admission to obtain the the most up to date admission requirements.