

Southwest Tennessee Community College

Physical Therapist Assistant Program

Observation/Clinical Experience Verification Form

Student's Name: _____

Southwest Student ID #: _____

This form is to verify that the above-named student was a:

- _____ Aide or technician
- _____ Observation or volunteer only
- _____ Other:

Name of Facility: _____

Department: _____

Address: _____

Phone Number: _____

From the period: _____ to _____ for a **total of _____ hours** in:

Please check one of the following settings: ___ Acute ___ Outpatient ___ SNF ___
Home Health or ___ Other: ___ (Explain _____)

Please provide the student with a signed copy of this form but the following areas may be completed after providing the student with the copy if you prefer.

Please describe briefly your interactions with this student.

Please comment on the student's professional behavior while in the Clinic.

Verified by: _____

PT or PTA Name (Please Print)

_____ **Position License Number**

_____ **PT or PTA Signature**

_____ **Date**

Please return completed form to Southwest Tennessee Community College, Physical Therapist Assistant Program, Allied Health Building Room 112D, Attn: Jennifer Stevens, Program Director, 761 Dr. M.L. King Ave., Memphis, TN 38126, OR scan and email to jstevens@southwest.tn.edu.