

LAKE SUPERIOR COLLEGE  
PHYSICAL THERAPIST ASSISTANT PROGRAM  
VERIFICATION OF VOLUNTEER EXPERIENCE

This admission requirement will help prospective PTA students determine if the highly competitive field of physical therapy is an appropriate career selection. Students are required to complete the following:

- a) Tour physical therapy department/s of the student's choice (call for an appointment).
- b) Interview a physical therapist and/or physical therapist assistant and have the person sign this form.
- c) Volunteer for a total of at least 40 hours in at least two different types of PT clinics. (For example: 20 hours at a hospital and 20 hours at an outpatient sports medicine clinic; or 30 hours at a nursing home and 10 hours at a specialty clinic.) Have a PT or PTA for each clinical site sign this form. Students are to make their own arrangements by contacting clinics/hospital PT departments.
- d) Return completed form to the Lake Superior College PTA Program, 2101 Trinity Road, Duluth, MN 55811. Forms received by March 1 will have priority over those received later.

**Student's Name** \_\_\_\_\_ **LSC ID number** \_\_\_\_\_

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**TOUR:**

Physical Therapy Department tour was at \_\_\_\_\_  
(name and location of facility)

Verification

signature of PT/PTA and credentials \_\_\_\_\_ PRINTED name of PT/PTA \_\_\_\_\_

PT/PTA License #/State (required) \_\_\_\_\_ date \_\_\_\_\_

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**INTERVIEW:**

I interviewed \_\_\_\_\_ from \_\_\_\_\_  
(PT/PTA name) (place of employment, include facility name, city and state)

Verification:

signature of PT/PTA and credentials \_\_\_\_\_ PRINTED name of PT/PTA \_\_\_\_\_

PT/PTA License #/State (required) \_\_\_\_\_ date \_\_\_\_\_

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**CLINIC #1**

The total number of hours the student observed was \_\_\_\_\_ Start date \_\_\_\_\_ to end date \_\_\_\_\_

signature of PT/PTA and credentials \_\_\_\_\_ PRINTED name of PT/PTA \_\_\_\_\_

PT/PTA License #/State (required) \_\_\_\_\_ date \_\_\_\_\_

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**CLINIC #2**

The total number of hours the student observed was \_\_\_\_\_ Start date \_\_\_\_\_ to end date \_\_\_\_\_

signature of PT/PTA and credentials \_\_\_\_\_ PRINTED name of PT/PTA \_\_\_\_\_

PT/PTA License #/State (required) \_\_\_\_\_ date \_\_\_\_\_

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If this entry requirement appears restrictive, the PTA Program Advisory Board will hear and assess written appeals upon request and before the March 1 deadline for program selection. Contact the PTA Program Director at [j.worley@lsc.edu](mailto:j.worley@lsc.edu) for documentation requirements and appeal process.