

Blinn College PTA Program
Documentation of Physical Therapy Experience Form

Student Name: _____

Facility Name: _____

Facility Address: _____

Date	Time In	Time Out	Total time

Total Hours: _____

Therapist Signature: _____

Therapist Printed Name: _____

Therapist or Clinic Email: _____

*In order to meet the requirements for application, all applicants must provide PTACAS with a valid email address to complete a reference for EACH therapist or facility where the student has shadowed.