

**HUNTER COLLEGE DEPARTMENT OF PHYSICAL THERAPY PROGRAM
CLINICAL EXPERIENCE FORM**

Section I: to be filled out by *applicant*

Applicant Name: _____

I do _____ do not _____ waive all rights to see or review the reference submitted by: _____

Applicant Signature: _____

Section II: to be filled out by a *Licensed Physical Therapist ONLY*. Please email completed form to: gradpt@hunter.cuny.edu

The Physical Therapy Program at Hunter College requires applicants to have a minimum of 100 hours of exposure to the profession through volunteer or paid work. We would greatly appreciate your impressions of this applicant's performance under your supervision. We are grateful for your input and assure you that the information will be kept confidential. An incomplete form is not acceptable and may result in denial of admission for this applicant.

The above individual: _____ Visited for observation only from _____ to _____

_____ Worked _____ Volunteered from _____ to _____

TOTAL NUMBER OF HOURS: _____

PT experiences/responsibilities: _____

Please rate applicant on the following criteria: (4 = Excellent; 3 = Good; 2 = Fair; 1 = Poor; N/A = Not Applicable)

Skill/Ability	4	3	2	1	N/A	Skill/Ability	4	3	2	1	N/A
Relates to Staff						Reliable/Punctual					
Relates to Patients						Verbal Ability					
Maturity						Written Ability					
Follow Instructions						Grasps Concepts					
Judgement						Appearance					
Accepts Direction						Professional					

COMMENTS: _____

Supervising PT Name (Print): _____ Title: _____

Supervising PT Signature: _____

Facility Name: _____

Address: _____

TYPE OF FACILITY (PLEASE CHECK ONE):

In-patient/Acute Care _____ In-patient/Sub-acute or Rehab _____ Out-patient rehab: _____

Private Practice _____ Other Setting (please describe): _____

FORMS MUST BE RECEIVED NO LATER THAN November 1st.