

PT Aide Experience Verification (Optional)

Applicants with a work history as a PT Aide may be eligible for additional application points. Refer to Application Information Packet, 2. Preparing to Apply- Application Requirements to determine if paid work experience meets eligibility criteria. Workplace experiences must be confirmed by a workplace supervisor: Physical Therapist, Physical Therapist Assistant, or Human Relations representative. The program verifies information before points are included in the application. Complete one form for each workplace or employer. Contact HPAdvising@lanecc.edu with any questions.

INSTRUCTIONS:

1. Applicant completes **Part 1, including signed release**, then sends the form to the workplace supervisor
2. The workplace supervisor completes **Part 2** and returns the form to the applicant.
3. Applicant confirms the form is complete and uploads form during the online application process.

PART 1. Physical Therapist Assistant Applicant

Applicant Name: _____ Prior Name, if applicable: _____

Applicant Address: _____

Workplace Name and type: _____

Workplace Address: _____

Length of employment (mm/dd/yy): from _____ to _____ Total PT Aide Paid Hours: _____

Job Title: _____ Supervisor: _____

Describe your job duties in detail as a PT Aide (e.g., role, responsibilities, relevant work skills).

I allow Lane Community College to verify this information. I acknowledge that any false information I provide may be subject to disciplinary action as stated in the LCC Student Code of Conduct.

Applicant's Signature: _____ Date: _____

PART 2. Must be completed by a Physical Therapist, Physical Therapist Assistant or HR Representative

I am applying to the LCC Physical Therapist Assistant Program. Please complete and return this form to me by _____ (date to be filled in by applicant) so I can include the form in my application.

Workplace Name: _____ Phone: _____

Applicant's Supervisor (must be a PT/PTA): _____

I verify the information provided by the applicant to be accurate and true to the best of my knowledge.

Supervisor or Human Resources Representative: _____

Title: _____ Email: _____

Signature: _____ Date: _____