FORM 5 – PT Aide Work History Verification (Optional)

PURPOSE:
Applicants with a work history as a PT Aide may be eligible for additional application points.

INSTRUCTIONS:
1. Refer to Application Information Packet, Section 4, Item 11 to determine if paid work experience history may meet eligibility criteria.
2. Applicant completes Part 1 before sending the form to the employer/agency. Duplicate this form for additional employers.
3. Employer/agency completes Part 2 and returns form to applicant.

PART 1. To be filled out by Physical Therapist Assistant Applicant

Applicant Name: ________________________________________  Prior Name if applicable: _____________________
Applicant Address: ___________________________________________________________________________________
Facility Name and type: _________________________________________________________________ ______________
Facility Current Address: __________________________________________________________ ____________________
Length of employment (mm/dd/yy): from __________ to ___________ Total Hours Paid PT Aide work: ________
Job Title: ________________________________________________ Supervisor: _____________________________
Complete a detailed description of Job Duties (any additional pages added must be signed by PT/PTA or HR)

I allow Lane Community College to verify this information. I acknowledge that any false information I provide is subject to disciplinary action as stated in the LCC Student Code of Conduct.
Applicant’s Signature: __________________________ Date: ______________________

Dear Employer,
Please return the completed form by __________________ (date to be filled in by applicant) so the applicant may include the form with the Physical Therapist Assistant Program Application.

PART 2. To be signed by PT or Human Resources representative.

Facility Name: __________________________ Phone: __________________________
Supervisor of Applicant (must be a PT/PTA): ____________________________________________

I verify the information provided by the applicant to be accurate and true to the best of my knowledge. If applicant added additional detail to description of job duties, I have signed that addendum also.

Supervisor or Human Resources Representative: ____________________________________________
Title: __________________________________________ Phone: __________________________
Signature: __________________________________________ Date: ______________________

All information in the shaded area is required. It is the student’s responsibility to be sure that all parts of this form are completed. Students: If you are unable to obtain the necessary information send questions to PTAProgram@lanecc.edu.