FORM 4 - Verification of Observation/Work Experience (Required)

Lane Community College PTA Program Application

Students may need to use more than one form to meet total minimum hours to apply.

Students provide the following information for PTA Application Entry: **(Please use one form per clinical facility)**	
Name:	L Number:
Email:	Phone Number:
Name of clinical facility and address where hours earned: Company: Address:	
Number of observation/work experience hours with PT/PTA:	
Name and phone number of Supervisor and/or Human Resources Representative: Name:	Phone Number:
Provide a description of job duties and/or patients observed:	
Student signature:	Date:
Your signature above allows Lane Community College to verify this information. You also acknowledge that any false information provided is subject to disciplinary action as stated in the Lane Community College Student Code of Conduct.	

Instructions for Clinical Facility: Please provide information requested	
Students who are applying to Lane's PTA program are required to verify observation/work experience in order to meet criteria for application. Clinical Facility Contact Information:	
Printed Name:	Title:
Email:	Phone Number:
Role with the Student:	
Signature:	Date:
Clinical facility representative signature above verifies that information provided on form by the student is accurate and true.	

*****This form needs to legible, scanned and submitted with application documents via email by the application deadline.***

Questions regarding completing this form can be forwarded to ptaprogram@lanecc.edu.