

OKLAHOMA CITY COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

CLINICAL WORK EXPERIENCE

THIS FORM MUST BE SUBMITTED IN A SEALED ENVELOPE AND MUST ACCOMPANY THE HEALTH APPLICATION IN ORDER TO OBTAIN PREFERENCE POINTS.

APPLICANT NAME _____ ID# _____

(College ID or SS#)

I understand that Federal law insures my right to access to this document after enrollment. I also understand that I have the right to hereby waive _____ not waive _____ this right of access.

Applicant Signature: _____ Date _____

*****Therapist Information***The purpose of this form is to obtain information about the applicant with regard to behaviors observed while in a clinical environment. While we understand it may be difficult to assess in a short amount of time, the admissions team will have only written information.**

THIS FORM MAY ONLY BE COMPLETED BY A LICENSED PHYSICAL THERAPIST

Please place in a sealed envelope and return to the student.

How long have you known the applicant? _____

In what capacity have you known the applicant? _____

Please check one of the following:

The applicant has **worked** in a physical therapy clinic/hospital setting

Job Title/Job Duties _____

_____ Please indicate the **total number of hours** worked in this position

The applicant has **observed** in the PT clinic

_____ Please indicate the total number of hours the applicant observed

Please circle the appropriate rating based on your observations:

1. Applicant arrived promptly.

0 1 2 3 4 5

Never

Always

2. Applicant's appearance was neat and appropriate.

0 1 2 3 4 5

Never

Always

3. Applicant showed effective listening skills and good interpersonal communication.

0 1 2 3 4 5

Never

Always

4. Applicant was attentive and interested; appears to invest self to reach goals.

0 1 2 3 4 5

Never

Always

5. Applicant demonstrated confidence and enthusiasm.

0 1 2 3 4 5

Never

Always

6. Applicant demonstrated a genuine concern for others including consideration of others' feelings and ability to view others' points of views.

0 1 2 3 4 5

Never

Always

7. Applicant's questions/comments demonstrate a desire to learn about the profession of Physical Therapy.

0 1 2 3 4 5

Never

Always

8. How would you rank this student as compared to others you have known who have been accepted into an academic physical therapy program? (Please circle one)

Truly exceptional	Outstanding	Average	Above Average	Below Average
100-99%	98-90%	89-75%	74-60%	59-0%

9. How do you recommend this applicant for admission into this Program?

___ Recommend with enthusiasm ___ Recommend with reservation ___ Recommend
 ___ I DO NOT recommend

Physical Therapist Signature _____ Date _____

Printed Name _____ PT License Number _____

Contact Number _____ Facility _____

Position _____

Address _____

THANK YOU SO MUCH FOR PARTICIPATING IN THIS IMPORTANT ENDEAVOR!

