



**College of the Canyons**  
Physical Therapist Assistant

**PHYSICAL THERAPIST ASSISTANT PROGRAM  
VERIFICATION OF WORK EXPERIENCE FORM**

This form must be completed by the applicant's current or former employer/supervisor to verify volunteer or work experience as a Physical Therapy Aide or in a related field. Please complete all sections below.

**APPLICANT INFORMATION**

Applicant Full Name: \_\_\_\_\_

**EMPLOYMENT DETAILS**

**Dates of Employment**

From: \_\_\_\_\_  
Month Day Year

To: \_\_\_\_\_  
Month Day Year

**Type of Employment**

☐ Physical Therapy Aide

☐ Related (specify) \_\_\_\_\_  
Any healthcare-related field

**Total Number of Hours Worked as a Physical Therapy Aide:** \_\_\_\_\_

Include ONLY those hours worked as a PT aide under the direction and supervision of a licensed PT

**EMPLOYER INFORMATION**

Facility/Institution Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Facility Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**ATTESTATION**

I hereby certify that the above-named applicant was employed or volunteered at this facility as a Physical Therapy Aide or in a related healthcare field during the time period specified above, and if employed as a PT aide, the individual completed the total hours as stated above.

**Printed Name of Person Completing this Form:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_