

UIC Documentation of Clinical Experience

2003-2004 application cycle

Physical Therapy Admissions
Provide this document to the applicant
(see Mailing Instructions, below)

Last Name **First** **Middle** **Former** **Social Security Number**

* * * *_* * *_* * * * *

Address _____ City _____ State _____ Zip _____

Release of access to this letter of documentation:

The applicant must complete and sign the following before submitting this form to the documenter. This request is in compliance with federal law P.L. 9380, Family Educational Rights and Privacy Act of 1974.

- I waive my right of access to this letter of documentation.
- I do not waive my right of access to this letter of documentation.

Signature of applicant _____

Three clinical experience references are required. All clinical experience references are destroyed at the completion of each application processing period in compliance with the Office of Admissions and Records nonessential documents retention and destruction policy.

Instructions to the physical therapist completing this form:

Affirmations from practicing physical therapists certifying that the applicant has spent at least 15 observation, volunteer or employment hours at a physical therapy facility are required. The purpose of the affirmations is to document the applicant's exposure to clinical experiences. Affirmations from directors of volunteers, office managers, athletic trainers, etc., are not accepted unless these persons are licensed physical therapists who supervised the applicant. This form will **not** be used to assess the applicant's performance in the clinic or to assess the nature of the clinical experience. Three documentation forms from physical therapists practicing in different facilities are required.

Mailing instructions: After this documentation form is completed on behalf of the above named applicant, place it in an envelope marked "Documentation of Clinical Experience," seal the envelope and place your signature across the seal. **Send the documentation to the above named applicant to include in his or her application.** The applicant has a December 1, 2003 submission deadline to meet.

Name of Physical Therapist completing this form (print) License number State

Name of facility _____

Address: _____

Applicant has spent at least 15 hours in: observation; volunteer; or employment at our facility.
The applicant had the following experience at our facility (check all that apply):
 inpatient; outpatient; acute care; rehab; geriatrics; pediatrics; orthopedics; sports medicine

signature of physical therapist date

