

University of Pittsburgh at Titusville
Physical Therapist Assistant Program
504 East Main Street
Titusville, PA 16354
(814) 827-4441

**Volunteer Physical Therapy
Experience Summary Form**

This form must be completed and returned to the PTA Program prior to December 1 of the year proceeding admission to the technical phase of the PTA program. Include any contact with the field of physical therapy listing the most recent experience first. Have the supervising physical therapist or physical therapist assistant sign indicating validation of volunteer hours.

Full Name _____ UPT Student ID Number _____

Name and Address of Facility or Organization	Dates of Work From – To	Total Number of Hours	Name, Title & Signature of Supervisor	Summary of Duties and Responsibilities

THIS FORM MUST BE COMPLETED AND RETURNED ON OR BEFORE DECEMBER 1