**California Baptist University**

**Physical Therapist Assistant Program**

**Required documentation form for clinical volunteer/observation/work hours in a physical therapy setting.**

**To the Applicant:**

Complete the items below and give the enclosed reference grid check off sheet to the individual providing the verification of this experience. The form must be completed by the physical therapist or physical therapist assistant that supervised you during this period. **The Evaluator should email the completed form directly to the PTA Program Director at** [**jedmisten@calbaptist.edu**](mailto:jedmisten@calbaptist.edu)**.** Each facility that you are reporting hours toward admission to the PTA program must complete a form.

Applicant name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right of Access**:

Please indicate your preference (complete one box or the other):

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, waive my right to see this recommendation.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OR**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, do not waive my right to see this recommendation.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the Evaluator:**

The above named applicant is applying to the Physical Therapist Assistant program at California Baptist University. The above information must be completed by the applicant before the form is given to you. The Admissions process requires at least 60 hours of clinical volunteer/observation/work hours so that they may gain insight into the profession. **It is preferential for the complete form to be emailed to the PTA Program Director from the Evaluator to jedmisten@calbaptist.edu**. However, the student may hand deliver it to the program or it can be mailed to the address below if it is in a sealed envelope with a signature on the seal. This form must be received by **March 1** of each year to be considered for the subsequent fall admission.

**California Baptist University**

**College of Health Science**

**Dr. Jan Edmisten, PT, PTA Program Director**

**8432 Magnolia Avenue**

**Riverside, CA 92504**

|  |  |
| --- | --- |
| Name of Applicant |  |
| Name of Evaluator with Credentials |  |
| Facility Name |  |
| Facility Address and Contact Number |  |
| Primary Emphasis of Clinic |  |

This applicant has (please check one) worked \_\_\_\_ or volunteered \_\_\_ under my supervision for \_\_\_\_\_\_\_\_\_\_\_ hours.

Overall opinion:

How do you perceive this individual’s preparation as an applicant to the CBU PTA program?

10 9 8 7 6 5 4 3 2 1

(Scale: 1= very low; 5= average; 10= exceptionally high)

**Signature of Evaluator** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Comments (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_