

Horry-Georgetown Technical College  
Physical Therapist Assistant Program  
VOLUNTEER/WORK EXPERIENCE DOCUMENTATION FORM

Please complete this form and return it to the applicant or you may send it to the address or fax below.

Horry-Georgetown Technical College  
Attn: Admissions  
P.O. Box 261966  
Conway, SC 29528-6066  
843-349-7501

Experience must have been obtained within the last 36 months. \*\*Please note the alternative assignment in lieu of volunteer hours due to COVID-19. Observation hours or the alternative assignment will be accepted.

Applicant Name and H#: \_\_\_\_\_

Physical Therapist or Physical Therapist Assistant (under whom student worked/ volunteered)

\_\_\_\_\_

Name, address and phone # of clinic:

\_\_\_\_\_

\_\_\_\_\_

Circle the type of facility: acute-care hospital, out-patient, private practice, rehabilitation, SNF, school system, industrial, or other \_\_\_\_\_

Circle the type of experience: ortho, rehab, acute, geriatric, pediatrics, other: \_\_\_\_\_

Dates applicant volunteered with you. Please state Month, Day and Year From // \_\_\_\_ To // \_\_\_\_

Total Volunteer Hours \_\_\_\_\_

Dates applicant worked with you. Please state Month, Day and Year From // \_\_\_\_ To // \_\_\_\_

Total Work Hours: \_\_\_\_\_

PT/PTA's Signature/License # \_\_\_\_\_ Date: \_\_\_\_\_