

### VOLUNTEER VERIFICATION FORM

A total of twenty (20) hours of volunteer hours are required of interested PTA applicants. Ten (10) hours should be in an in-patient setting such as a hospital or skilled nursing facility. Ten (10) hours should be in an out-patient setting such as a sports medicine or out-patient clinic. Part I should be completed by the applicant and Part II should be completed by the clinician at the facility verifying the volunteer work.

#### Part I.

Applicant's Name \_\_\_\_\_

Current Address \_\_\_\_\_

Current E-mail Address: \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address of Facility \_\_\_\_\_

Are PTA's employed by this facility?                      YES                      NO                      (circle one)

Type of Facility    In-Patient                      Out-patient                      (circle one)

Date of Volunteer Work \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_

#### Part II.

Clinician Verifying Volunteer Work:

Name \_\_\_\_\_

Position \_\_\_\_\_

Clinician's Signature Verifying Completed Hours \_\_\_\_\_

Additional Comments

---

---

---