

Office stamp or business card must be included where indicated below

<https://elgin.edu/academics/departments/physical-therapist-assistant/program-admissions/> **EMPLOYMENT VERIFICATION AND QUESTIONS**

Name of Applicant: _____ ECC Student ID # _____

Purpose/Instructions:

- To ensure PTA program applicants are aware of basic aspects of physical therapy regarding the environment, basic patient care, physical and cognitive demands. Employment must occur in the state of Illinois in one of the following physical therapy environments: acute care, skilled nursing facility, in-patient or out-patient rehabilitation, out-patient orthopedic, home care, pediatric or pediatric educational settings.
- Work experience must occur within 2 years of application Feb 15th submission date and occur in the state of Illinois.
- Employment of 3 months or more as a Physical Therapy Aide or Technician in a physical therapy setting in Illinois.
- Supervision provided by an Illinois licensed physical therapist.
- Applicant to respond to the 3 questions on the bottom of this form. See below for further instructions/clarification.
- Attach this form and responses to questions to the *PTA Student Application Information* form—submit to Health Professions office A 106. (applicants encouraged to make copies for own files)

Complete all the following information:

Type of employment experience (hospital, outpatient, nursing home, etc). _____

Position title of applicant during employment: _____

Dates (inclusive) of the employment experience: _____

This applicant has completed _____ months or _____ years (**select one**) of employment in the Illinois physical therapy department at:

Printed Name of facility: _____

Facility Address: _____

Supervising Illinois Licensed Physical Therapist or Licensed Physical Therapist Assistant to complete:

I verify that the above information accurately represents the applicant's employment experience with me at this facility.

Printed name of Illinois licensed PT/PTA: _____ (circle one) PT PTA

Signature of supervising PT/PTA: _____ Illinois License # _____

Phone contact information: _____ (phone or email) Date: _____

The applicant demonstrated professional behaviors during employment including, timeliness, respect, appearance, curiosity, interest and attentiveness *and I would rehire this person.* (circle one) Yes No

Office stamp or business card must be included here:

Applicant Questions and Instructions: Limit each essay to approximately 1 typed page per question--font of 12 and double spaced (max of 500 words). Attach your essays to this form and the *PTA Student Applicant Information Form* (blue)--submit to the Health Professions office, A 106. *Suggest a copy of all items being submitted maintained for your personal files.*

1. What is Physical Therapy? Who are Physical Therapy providers?
2. Describe a life experience that required problem solving. What was the problem and how did you solve it?
3. What characteristics or experiences do you have that will help you effectively communicate with the patients? What do you believe may limit your ability to effectively work with patients?