

UIC Documentation of Clinical Experience

2009-2010 application cycle

Physical Therapy Admissions (M/C 516)

University of Illinois at Chicago

1919 W. Taylor, Chicago, Illinois 60612 – 7251

Applicant

| | | | - | | - | | | | |

Last Name _____ First _____ Middle _____ Former _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Release of access to this letter of documentation:

The applicant must complete and sign the following before submitting this form to the recommender. This request is in compliance with federal law P.L. 9380, Family Educational Rights and Privacy Act of 1974.

- I waive my right of access to this letter of documentation.
- I do not waive my right of access to this letter of documentation.

Signature of applicant _____ Date _____

Clinical experience references are destroyed at the completion of each application processing period in compliance with the Office of Admissions and Records nonessential documents retention and destruction policy.

Physical Therapist

Name _____ License # _____ State _____

Name of facility _____

Address _____

Please affirm that the applicant has spent at least 15 observation, volunteer or employment hours at a physical therapy facility. The purpose of the affirmation is to document the applicant's exposure to clinical experiences. This form will not be used to assess the applicant's performance in the clinic or to assess the nature of the clinical experience.

Applicant has spent at least 15 hours at our facility in: observation volunteer employment

Applicant had the following experience at our facility (check all that apply):

- inpatient acute care geriatrics orthopedics
- outpatient rehab pediatrics sports medicine

Signature _____ Date _____

*Return the completed form to the applicant to include in his or her application packet.
The applicant must submit a complete packet by October 15th.*