The University of Texas Health Science Center at San Antonio
Application Center
7703 Floyd Curl Dr., MSC 7709
San Antonio, Texas 78229

Doctor of Physical Therapy

Documentation of Volunteer Hours

This form is to be completed by the applicant and verified by the Physical Therapist supervising the experience.

Applicant's Name: _____

Facility Name/Address: _____

Facility Phone #: (_____) _____

Office use only. Do not write in this box.

HSC Badge #: _____

Date Arrived	Time IN	Time OUT	Initials of PT Supervisor	PT Setting	Hours Attended
				Total Hours Attended	

This is to certify that _____ attended
Applicant name

_____ from (date) _____ to (date) _____
Name of facility

for a total of (specify # of Hours) _____

_____ _____
Physical Therapist Signature Date