

Lake Superior College Physical Therapist Assistant Program

Skills Documentation Log – Military Bridge Program

Revised 1/7/16

Applicant Name (print) _____

Date _____

Instructions: Complete Section A below. For each skill listed, include the location and approximate date(s) where the skill was practiced, and a printed name, signature and license number for a physical therapist who can verify that the skill was performed safely. *Please write "N/A" in all fields related to skills not practiced.* Additional training will be provided.

Section A – To be completed by student					
Skill	Location practiced	Date(s) practiced	Printed name of PT	Signature of PT (verifying skill was performed correctly and safely)	License (and state) of PT
Demonstrate knowledge of laser/light therapy as used in PT (If you have not practiced this skill, write N/A in each column)					
High volt E-stim (If you have not practiced this skill, write N/A in each column)					
Measure patient height and weight (If you have not practiced this skill, write N/A in each column)					

Section B – For office use only	
Skills requiring additional training: _____	
Date training was completed: _____	Training method: _____