



PHYSICAL THERAPY OR PHYSICAL THERAPY ASSISTANT EXPERIENTIAL ACTIVITY FORM

Authority: 1978 PA 368, as amended
 An Evaluative Component for Professional Development Requirement (PDR) Credits earned under Activity Code 14.

Physical Therapist (PT) or Physical Therapy Assistant (PTA):		License Number:
Street Address:		Apt/Bldg:
City:	State:	Zip Code:
Email Address:		Daytime Phone Number:

Pursuant to Rule 338.7163 of the Administrative Rules, one PDR credit may be awarded for identifying, researching and addressing an event or issue related to the professional practice of physical therapy for a maximum of six hours per renewal cycle. If audited you must successfully complete this Experiential Activity Form.

PLEASE PROVIDE INFORMATION BELOW REGARDING EACH EVENT OR ISSUE.

Please note that you are able to earn one PDR credit for each separate event or issue under Activity Code 14. These activities do not include those that are approved for PDR credit under Activity Code 1.

EVENT/ISSUE #1

Description of event/issue:	Date of event/issue:
Location of event/issue:	
Please provide a brief summary of the event/issue and how it relates to the practice of physical therapy:	
Did this event/issue take place while on your job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe what steps you took in identifying, researching and addressing the event/issue. (Attach additional pages if necessary.)	
In what way(s) has this experience enhanced your skills and the performance of your duties as a PT or PTA?	

NAME OF PT or PTA _____ LICENSE NO _____

YOU MAY MAKE ADDITIONAL COPIES OF THIS PAGE AS NEEDED.

EVENT/ISSUE # _____ of _____

Description of event/issue:	Date of event/issue:
Location of event/issue:	
Please provide a brief summary of the event/issue and how it relates to the practice of physical therapy:	
Did this event/issue take place while on your job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe what steps you took in identifying, researching and addressing the event/issue. (Attach additional pages if necessary.)	
In what way(s) has this experience enhanced your skills and the performance of your duties as a PT or PTA?	

EVENT/ISSUE # _____ of _____

Description of event/issue:	Date of event/issue:
Location of event/issue:	
Please provide a brief summary of the event/issue and how it relates to the practice of physical therapy:	
Did this event/issue take place while on your job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe what steps you took in identifying, researching and addressing the event/issue. (Attach additional pages if necessary.)	
In what way(s) has this experience enhanced your skills and the performance of your duties as a PT or PTA?	

NAME OF PT or PTA _____ LICENSE NO _____

CERTIFICATION

I certify that the information provided is a true and complete record of my PDR credits earned under Activity Code 14.

*Unsigned forms will be considered incomplete.

Signature of Physical Therapist or Physical Therapy Assistant

License Number

Print or Type Name

Date