



LARAMIE COUNTY  
COMMUNITY COLLEGE

## PHYSICAL THERAPIST ASSISTANT PROGRAM

### PROFESSIONAL DEVELOPMENT PROJECT

#### *IN-SERVICE VERIFICATION*

**Section 1 - Student completes this section (please print legibly):**

Student: \_\_\_\_\_ Presentation Date: \_\_\_\_\_

Title of In-Service: \_\_\_\_\_

Journal Article(s) Reviewed: \_\_\_\_\_

Length of Presentation: \_\_\_\_\_ Audience: \_\_\_\_\_  
(e,g, PT, PTA's, ATC, OT, SLP, CNA, Nursing)

Audio-visuals incorporated into presentation: \_\_\_\_ Power Point \_\_\_\_ Hand-outs \_\_\_\_ Video \_\_\_\_ Other (Please specify below)  
(Check All That Apply)

**Section 2 – Clinical Instructor completes this section:**

Clinical Instructor Name/title (please print): \_\_\_\_\_

This is to verify that (student name) \_\_\_\_\_ has successfully completed the Professional Development In-Service on the above titled Physical Therapy topic

Additional Comments by Clinical Instructor:

**Section 3- CI and Student Sign and Date:**

CI Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_