

CERTIFICATE OF COMPLETION

PHYSICAL AGENT MODALITY MENTORSHIP

I certify that _____ has successfully completed a supervised mentorship in the use of physical agent modalities. The mentorship included five case studies on each class of modality to be incorporated into patient care by the occupational therapist. These case studies were performed on patients in a patient care setting under my supervision. I further certify that in addition to providing the supervised mentorship, I am a physical therapist, a certified hand therapist, or occupational therapist who had completed a supervised mentorship and has five years of clinical experience utilizing each class of physical agent modality to be incorporated into patient care by the occupational therapist; or an occupational therapist who has graduated from an occupational therapy program whose curriculum includes physical agent modality education.

Signature of Mentor _____

Mentorship Date of Completion _____

Mentor Qualifications: (Circle One)

1. Physical Therapist
2. Certified Hand Therapist
3. OT with completed AOTA or APTA approved education completed supervised mentorship in PAMS, and 5 years clinical experience utilizing each class of modality.
4. OT from a program including PAMS in curriculum

Approved June 7, 2005

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