



**PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT  
 EXPERIENTIAL ACTIVITY FORM**

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

Licensee's Name (First, Middle, Last)		
Email Address	Daytime Phone	10-Digit MI Permanent ID/License Number
Street Address		
City	State	Zip Code

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 A COPY OF THE 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 (copies of the research is required such as research paper, PowerPoint presentation, etc):	
Describe what steps you took in identifying, researching and addressing the event/issue. (If necessary, attach additional pages.)	

PT/PTA's Full Name	10-Digit MI Permanent ID/License Number
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**NOTE: 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 (copies of the research is required such as research paper, PowerPoint presentation, etc):	
Describe what steps you took in identifying, researching and addressing the event/issue. (If necessary, attach additional pages)	

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Describe what steps you took in identifying, researching and addressing the event/issue. (If necessary, attach additional pages)	

**CERTIFICATION**

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

\_\_\_\_\_  
Signature of PT/PTA

\_\_\_\_\_  
License Number, if applicable

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Date

**NOTE: Unsigned forms will be considered incomplete and not accepted**