



Physical Therapist Assistant Program Observation Form

Directions: This form is to be filled out entirely by the PT or PTA. Please print clearly and fill out the form completely. The applicant must sign and date the form along with the PT or PTA. Once completed, please place this form in a sealed envelope, sign across the seal and return to the applicant. The applicant must include this form in his/her application packet. Any envelope or letter with evidence of tampering will not be accepted.

Applicant Name: _____

Please indicate the total number of hours applicant spent observing a PT or PTA at your facility:

Please indicate type of practice setting observed by the applicant:

PT/ PTA Name: _____

Facility Name: _____

Phone Number: _____

Applicant Signature

Date

PT/PTA Signature

Date