

Washtenaw Community College
Physical Therapist Assistant (APPTA)
Fall 2024 Entry (2024-25 Academic Year)
OBSERVATION VERIFICATION FORM

All applicants to the Physical Therapist Assistant program must complete 12 observation hours prior to applying to the program. Please refer to the **Clinical Observation Guidelines** found on the department's website ([WCC 2nd-tier admissions](#)) for additional details. Some facilities or organizations may contain more than one type of setting (i.e. acute care hospital with outpatient clinic). **Only one (1) form can be used per facility AND setting type.**

SECTION I: TO BE COMPLETED BY THE STUDENT

Student's Printed Name: _____ Student ID: _____

I understand I must complete **twelve (12) hours in total** of volunteer and/or clinical observations of a **Licensed Physical Therapist or Physical Therapist Assistant** and that no other health care provider will count in meeting this requirement. And, I understand I must observe a **minimum of three (3) hours in two (2) different physical therapy setting types**.

I certify that the information indicated below is accurate to the best of my knowledge.

Student's Signature: _____ Date: _____

SECTION II: TO BE COMPLETED BY THE PHYSICAL THERAPIST OR PHYSICAL THERAPIST ASSISTANT OBSERVED

The above student is interested in applying to the Physical Therapist Assistant program at Washtenaw Community College. As part of the admission requirements, students must observe the activities of a **Licensed Physical Therapist or Physical Therapist Assistant**. The purpose of this requirement, is to give the applicant an understanding of the relationship between the physical therapist and the physical therapist assistant, and the role of the physical therapist assistant in patient care. Please attach your **business card** or a statement on **organization letterhead** to verify the information on this form. Thank you for supporting our students and allowing them the opportunity to observe!

Please indicate the type of setting observed by the student (choose only ONE (1) type per form):

- | | | |
|----------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Hospital: Adult, Pediatrics | <input type="checkbox"/> Inpatient Rehabilitation | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Extended Care Facility/Long Term Acute Care | <input type="checkbox"/> Home Health | <input type="checkbox"/> School-based |
| <input type="checkbox"/> Outpatient Adult Neuro | <input type="checkbox"/> Outpatient Orthopedics | <input type="checkbox"/> Hippotherapy |
| <input type="checkbox"/> Outpatient Pediatrics | <input type="checkbox"/> Other: _____ | |

Please indicate the date and hours observed by the student:

Date	Hours*	PT/PTA Printed Name

*All hours should be calculated in half hour increments (e.g. 4 hours and 30 minutes = 4.50)

Facility Name: _____

Attach Business Card(s) Here

Address: _____

Credentials (circle one): **PT** or **PTA** Date: _____

Printed Name: _____

Phone Number: (_____) _____

Signature: _____

Credentials (circle one): **PT** or **PTA** Date: _____

Printed Name: _____

Phone Number: (_____) _____

Signature: _____