

Washtenaw Community College
Physical Therapist Assistant (APPTA)
2014-2015 Academic Year
CLINICAL OBSERVATION FORM

Student's Printed Name: _____ Student ID: _____

The above student is interested in apply to the Physical Therapist Assistant program at Washtenaw Community College. As part of the admission requirements, he/she must **observe the activities of a Licensed Physical Therapist or Physical Therapist Assistant** (no other health care provider will be accepted) for a minimum of 3 hours in at least three (3) different types of physical therapy settings for a minimum total of 20 hours. A Clinical Observation Form **MUST** be completed for **EACH** facility. No more than two PT/PTA's can sign a single form for an individual facility.

Type of Setting:

- Acute care (in-patient hospital)
- Extended Care Facility (skilled care, Sub-acute, long term)
- Other → If the type of setting you observed is not listed above, **write the word "Other" in the "Type of Setting" box below and state the type of setting you observed.** (i.e. Other: Therapeutic Riding Program, Burn Camp, Pediatrics)
- In-patient rehabilitation
- Home-health
- Out-patient
- School

Date	Hours*	PT/PTA Printed Name	Type of Setting (Choose from list above)

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

I certify that the above information is accurate.

Student's Signature: _____ Date: _____

To be completed by PT or PTA(s):

Facility Name: _____

-Tape Business Card(s) Here-

Address: _____

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

Phone Number: (____) _____

Printed Name: _____

Signature: _____

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

Phone Number: (____) _____

Printed Name: _____

Signature: _____