



## **STUDENT EXPERIENCE & OBSERVATION TIPS**

The Physical Therapy Assistant program requires that applicants complete a minimum of 20 quality observation hours as part of the admissions process. Additional hours beyond the minimum will improve the application rating score and is recommended. The goal is for you to see a professional interact with others in the workplace and utilize different skills. If you like what you see, you may know that you are pursuing the right career choice. If you are not comfortable with what you experience, you may wish to consider a different pathway. To make this experience meaningful, some preparation on your part is needed. Review the helpful tips below as you prepare to observe.

### **Contact the office for an Observation Opportunity**

People generally enjoy talking about their work and being asked for advice if they are approached respectfully. When calling for an observation opportunity, make sure you follow these guidelines:

- Introduce yourself clearly
- Indicate you are calling to schedule an observation as a prospective student at Central Carolina Community College
- Ask for a specific amount of time (20 or more hours) to complete the observation
- Call the day before to confirm your appointment

### **Attire to wear while completing the observation**

It is important to be dressed appropriately for the office you are visiting. Remember, you are a guest in their practice and during client appointments

- Clothing must be clean, and hair must be clean and neat
- Any jewelry should be kept simple and perfume used in moderation (If in doubt, don't)
- No hats, no shorts, and no chewing gum
- Business casual slacks, closed toed shoes, and a nice collared shirt or blouse would be appropriate (Jeans, t-shirts, sleeveless tops and sandals are NOT appropriate)
- Some offices may request that you wear a scrub top and pants

### **Arriving at the Office**

- Arrive for your appointment a few minutes early (**do not be late**)
- Be courteous and friendly
- Have paper and pencil to take notes, and make sure to have good eye contact
- Comply with all worksite safety rules
- Maintain absolute client / patient confidentiality at all times, and after you leave

### **A few simple questions might include**

- What is a typical day in practice like?
- What do you find most enjoyable? Most challenging?
- How did you happen to choose this career?
- What skills are needed to do this job?

### **Follow-Up**

After you leave the observation, make sure to have the employee sign your observation form and log of hours. Remember to send a "Thank You" note that mentions something of specific value that the person said during the observation or that you learned about the job.

Our faculty and staff are committed to helping you achieve your educational goals. If you need further assistance you may contact the PTA Program Director, Tiffany Needham, at [tneedham@cccc.edu](mailto:tneedham@cccc.edu) or the lead PTA Admissions Specialist, Ashlee Dockery at [adockery@cccc.edu](mailto:adockery@cccc.edu) or 919-545-8025.

**PHYSICAL THERAPY ASSISTANT PROGRAM  
STUDENT EXPERIENCE & OBSERVATION VERIFICATION FORM**

As a part of the admissions process into the Physical Therapy Assistant program, students must complete a minimum of 20 observation hours to demonstrate work/volunteer experience in the physical therapy field. Students will have the opportunity to complete additional hours to gain points towards their competitive entry rating sheet. These 20+ hours will be completed under the supervision of a licensed Physical Therapist or Physical Therapy Assistant. Exceptions to this policy may be made on a case-by-case basis by the Physical Therapy Assistant Program Director and the appropriate Academic Dean.

<b>Applicant: (Please Print)</b>	<b>Physical Therapist/Assistant: (Please print)</b>
Name: _____	Name: _____
Address: _____ _____	License #: _____
Telephone: _____	Facility Name: _____
Student ID: _____	Facility Address: _____ _____
	Telephone: _____
<i>Approximate date range that hours were completed during (example: 1/1/22 – 3/10/22):</i> _____	

<b>Please Indicate this Applicant's Observation Setting or Patient Type:</b>
Acute Care <input type="checkbox"/> Rehab Facility <input type="checkbox"/> Skilled Nursing Facility <input type="checkbox"/> Outpatient Clinic <input type="checkbox"/>
School System <input type="checkbox"/> Wellness Center <input type="checkbox"/> Sports Medicine <input type="checkbox"/> Home Health <input type="checkbox"/>
Government Agency <input type="checkbox"/> Industrial Medicine <input type="checkbox"/> Hospice <input type="checkbox"/> Research Center <input type="checkbox"/>

<b>Please Evaluate this Applicant Utilizing the Provided Scale:</b>
Arrives on time: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Is motivated; shows interest: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Dressed appropriately; is disciplined: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Ability to communicate: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A
Professional demeanor: <input type="checkbox"/> Above Average <input type="checkbox"/> Average <input type="checkbox"/> Below Average <input type="checkbox"/> N/A

<b>OPTIONAL:</b> Please elaborate on any information provided above or feel free to provide any further information you would like to include in consideration of this candidate (please use the back of this form for additional space):
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