PHYSICAL THERAPY ASSISTANT PROGRAM
STUDENT EXPERIENCE AND OBSERVATION VERIFICATION FORM

STUDENT EXPERIENCE AND OBSERVATION TIPS

As part of the Physical Therapist Assistant program admissions process, applicants must complete at least 10 observation hours with a licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA). The purpose of the observation experience is to help applicants gain a better understanding of the profession by observing patient care, workplace interactions, and the day-to-day responsibilities of PTs and PTAs. This experience will help you determine whether the Physical Therapist Assistant profession is a good fit for your interests, skills, and career goals. The following guidelines will help you prepare for a successful observation experience.

Arranging your observation hours

Applicants are responsible for contacting a physical therapy clinic or facility to arrange at least 10 hours of observation of a licensed PT or PTA. Most clinics are willing to accommodate prospective students when contacted professionally and given advance notice. When contacting a clinic, please:

- Introduce yourself and share that you are applying to the Physical Therapist Assistant program at Central Carolina Community College.
- Explain that observing a licensed PT or PTA for a minimum of 10 hours is a required part of the admission process.
- Ask if you may complete the required observation hours at their facility.
- Confirm your observation appointment the day before.

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 the PT/PTA completes the observation form.
- Send a "Thank You" email to the provider that mentions something of specific value that the person said during the observation or that you learned about the job.

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Student Name: _____

Facility Name: _____

Facility Address: _____

Facility Phone: _____

Name of PT/PTA: _____

License # _____

PT/PTA Email Address: _____

Please indicate the facility setting or patient type:

- ☐ Acute Care
- ☐ Government Agency
- ☐ Home Health
- ☐ Hospice
- ☐ Industrial Medicine
- ☐ Outpatient Clinic
- ☐ Rehab Facility
- ☐ Research Center
- ☐ School System
- ☐ Skilled Nursing Facility
- ☐ Sports Medicine
- ☐ Wellness Center
- ☐ Other _____

LOG OF OBSERVATION HOURS

Date	Hours	Initials of Supervising PT/PTA

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Please rate the applicant based on your observations during the shadowing experience. Consider only behaviors you directly observed. If you were unable to assess a characteristic during the observation period, please select N/A.

Characteristic	Above Average	Average	Below Average	Not Observed
Arrived on time	☐	☐	☐	☐
Dressed appropriately for the clinical setting	☐	☐	☐	☐
Demonstrated professional behavior	☐	☐	☐	☐
Showed an interest in learning	☐	☐	☐	☐
Asked appropriate questions	☐	☐	☐	☐
Communicated respectfully with staff and patients	☐	☐	☐	☐
Demonstrated maturity and responsibility	☐	☐	☐	☐
Respected patient privacy and confidentiality	☐	☐	☐	☐

Comments: _____

_____

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I confirm that the applicant completed the observation hours documented on this form and that the evaluation reflects my observations during the shadowing experience. I understand that Central Carolina Community College may contact me to verify the observation hours or discuss the information provided.

Licensed PT/PTA Signature:_____ Date: _____