

Kirkwood Community College
Physical Therapist Assistant Program
Observation Hours Form

Please Print

Name: _____

Permanent Home Address: _____

Phone Number: _____

Email: _____

The purpose of the observation requirement is to increase your knowledge of the diversity of patients seen in physical therapy and to assist you in career decision making.

To complete this part of the application process, contact 3 facilities that have a physical therapy department and ask if you could set up an appointment for observation hours. You should choose facilities to meet the required variety: (At least 4 hours at each setting and total hours must be at least 24.)

1. Inpatient hospital setting
2. Outpatient setting
3. Home health or nursing home

Explain to the facility that you are applying for the PTA Program at Kirkwood Community College and that you would appreciate an opportunity to observe/ volunteer at their facility at their convenience.

The facility you contact is providing a valuable service to Kirkwood when they allow you to observe at their clinic. Please remember the primary purpose of the facility is to provide therapy services to clients. Your presence should not interfere with their daily routine. Please be courteous, attentive and respectful of their daily routine. Dress professionally as though you were interviewing for a job.

You will provide each facility with an evaluation form and an envelope. The clinician will complete the evaluation form at the end of your observation experience and return the form to you. If the form is returned marked unacceptable, you will be contacted to set up a meeting with the PTA Program Director.

After you have finished the observation hours, ask the clinician to sign below. When you have completed 24 hours of observation, fill out the questionnaire on the reverse side of this form. Turn in this document to the Allied Health Office along with all other submission requirements listed on criteria checklist.

(PLEASE PRINT NEATLY IN CHART BELOW)

Facility Name	Type: IP/ OP/ Skilled or HH?	Date	# of hours	PT clinician signature
1.				
2.				
3.				
4.				
5.				
Total hours:				

