

PHYSICAL THERAPIST ASSISTANT PROGRAM OBSERVATION HOURS LOG

Student Name: _____

Student ID: @_____

Student Signature: _____

Date submitted to admissions: _____

*The intent of this observation is that the student is directly observing with a licensed PTA or PT for the express intent of learning about the roles and responsibilities of the PTA. Hours observed for athletic training or exercise physiology requirements or at a chiropractic office **DO NOT COUNT**.

Outpatient Settings (clinics where the patient goes to therapy and then returns home or receives therapy in their home)

Facility name / type	Dates / hours	Supervising PT/PTA (name), license #, and phone #	Signature of PT/PTA

Inpatient Settings (subacute rehabilitation centers, acute care hospitals, acute/long term rehabilitation hospitals – the patient lives at the facility)

Facility name / type	Dates / hours	Supervising PT/PTA (name), license #, and phone #	Signature of PT/PTA

This observational log is **required to be submitted with the application to the PTA program by the application deadline. Keep a copy of this form for your own records. Received by admissions: _____