PHYSICAL THERAPIST ASSISTANT PROGRAM OBSERVATION HOURS LOG

nt Signature:		Student ID: @	
udent Signature:		Date submitted to admissions:	
intent of this observation is that th tic training or exercise physiology		with a licensed PTA or PT for the express intent of learning about thic office DO NOT COUNT .	ne roles and responsibilities of the PTA. Hours of
tpatient Settings (clinics v	where the patient goes t	to therapy and then returns home or receives therap	y in their home)
Facility name / type	Dates / hours	Supervising PT/PTA (name), license #, and phone #	Signature of PT/PTA
actions Cottings (subscript	rehabilitation centers, a	acute care hospitals, acute/long term rehabilitation h	pospitals the nationality of at the faci
Jatient Settings (Subacute			iospitais – the patient lives at the faci
	Dates / hours	Supervising PT/PTA (name), license #, and phone #	
Facility name / type	Dates / hours	Supervising PT/PTA (name), license #, and phone #	Signature of PT/PTA
	Dates / hours		
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Observation log 10/22