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**Physical Therapist Assistant Program**

**Observation/Volunteer/Work Experience Form**

Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Facility\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify this applicant has completed \_\_\_\_\_\_\_\_ hours of observation and/or experience in one of the following physical therapy settings.

The applicant is required to accumulate 20 hours of observation/shadow/work experience in a physical therapy setting. The applicant must perform no less than 4 hours of experience in both outpatient and acute hospital settings. (Hours need to be obtained within 2 years of the application deadline.)

Check one:

\_\_\_\_\_\_ Acute General Hospital

\_\_\_\_\_\_ Outpatient

\_\_\_\_\_\_ Skilled Nursing Facility

\_\_\_\_\_\_ Home Health

\_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **Signature and Title (must be PT/PTA) Date**

***Please Complete and return this form and upload it with application.***