

Gurnick Academy of Medical Arts Physical Therapist Assistant Program

Verification of Observation Hours

This form is to be filled out by the supervising clinician who is a *licensed Physical Therapist or licensed Physical Therapist Assistant*. Observation hours cannot include personal or family physical therapy visits.

Note: this form can also be used to verify paid work experience in a Physical Therapy setting.					
PTA applicant nam	ne:				
Facility name:					
Facility address: _					
Dates of observati	ion:				
Type of experience	e: (circle one) full-time aide	e /	part-time aide /	volunteer / Observation only	
Please indicate the total number of observation or paid rehab aide hours in each of the practice areas:					
OUTPATIENT			INPATIENT		
Number of Hours	Facility		Number of Hours	Facility	
	Orthopedic/sports		110013	Acute care	
	Aquatic/Hippotherapy			Skilled Nursing/Sub-acute	
	Home Health			Long Term Acute Care (LTAC)	
	School setting			Inpatient Rehab	
Printed name and	title of supervising cliniciar	າ:			
Signature:					
Contact email add	ress or phone number:				
Comments: (thoug	•	ian,	any comment wou	ld be greatly appreciated by the PTA	

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Instructions for Observation Hours Requirement

The observation hours are recommended for application to the PTA program and will be reflected in the Admissions Rubric. Hours that fulfill this requirement cannot be front-office or clerical work.

The intention of observation is to give candidates the opportunity to gain an awareness of the job requirements of the PTA and the working relationship between PTs and PTAs. Applicants have found the experience valuable in making the correct career choice. Observation hours cannot include personal or family physical therapy visits.

Please consider choosing one or more facility type from each column

Outpatient	Inpatient		
 Orthopedics Sports Pediatric* Hippotherapy* Aquatic Therapy* Home School* 	 Hospital Skilled Nursing Facility Inpatient Rehabilitation Long Term Acute 		

^{*}Pediatric or specialty observations should be limited to no more than one of your chosen facilities. Observation must be of physical therapy; not recreation.

Note: If you have or are working as a Physical Therapy aide; your work hours can be counted as Observation Hours. Please use this form to verify. Paid work clinical/patient care experience in a Physical Therapy setting also qualifies as additional points towards your admission application score.

ALL hours and verification forms MUST be completed and submitted by the application deadline date. NO hours may be "In Progress"