

## 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 o	can also be used to verify pa	id wo	rk experience in (	a Physical Therapy setting.	
PTA applicant na	ame:				
Facility name:					
Facility address:					
Dates of observa	ation:				
Type of experier	nce: (circle one) full-time aid	e /	part-time aide	/ volunteer / Observation only	
Please indicate t	he <u>total number of observat</u>	ion h	nours in each of t	he practice areas:	
OUTPATIENT (40 hours minimum)			INPATIENT (40 hours minimum)		
Number of Hours	Facility		Number of Hours	Facility	
	Orthopedic/sports			Acute care	
	Aquatic/Hippotherapy			Skilled Nursing/Sub-acute	
	Home Health			Long Term Acute Care (LTAC)	
	School setting			Inpatient Rehab	
	nd title of supervising clinicia				
Contact email ac	ddress or phone number:				
	ugh not required of the clini Imissions purposes)	cian,	any comment wo	ould be greatly appreciated by the PTA	

## Gurnick Academy of Medical Arts Physical Therapist Assistant Program

## **Instructions for Observation Hours Requirement**

The observation hours required for application to the PTA program is 40 or more hours in an outpatient setting and 40 or more hours in an inpatient setting for a total of 80 hours of observing PTs and/or PTAs.

Hours that fulfill this requirement cannot be front-office or clerical work.

The intention of the observation requirement 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 choose one or more facility type from each column

40 hours Outpatient	40 hours Inpatient		
<ul> <li>Orthopedics</li> <li>Sports</li> <li>Pediatric*</li> <li>Hippotherapy*</li> <li>Aquatic Therapy*</li> <li>Home</li> <li>School*</li> </ul>	<ul> <li>Hospital</li> <li>Skilled Nursing Facility</li> <li>Inpatient Rehabilitation</li> <li>Long Term Acute</li> </ul>		

<sup>\*</sup>Pediatric or specialty observations are not required and 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 the form to verify. Paid work clinical/patient care experience in a Physical Therapy setting also qualifies as an additional point 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"