**MALCOLM X COLLEGE**

**PHYSICAL THERAPIST ASSISTANT OBSERVATION HOURS VERIFICATION FORM**

All applicants to the Malcolm X College Physical Therapist Assistant Program are required to provide evidence of a minimum of 20 observation hours of a PT and/or PTA in clinical practice. Students must observe, at a minimum, two different PT’s or PTA’s performing their skills in two different clinical facilities. Applicants may complete up to 10 hours of their observation hours in a paid position within a physical therapy practice.

**INSTRUCTIONS/STUDENT RESPONSIBILITIES**

1. Contact at least two Physical Therapy practices to schedule observations in each facility.
2. Ideally, you should select two different patient environments if at all possible (e.g., hospital, outpatient/private clinic, school, skilled nursing facility, home care agencies, etc.) for your observations.
3. Call each physical therapy practice at least one week in advance to arrange your observation time.
4. Confirm your visit with the PT/PTA at least two days in advance.
5. Print *Observation Hours Verification Form* to take with you to the observation experience.
6. Dress appropriately, use good judgment and common sense and remember that hygiene and cleanliness are important to the site and their patients/clients. DO NOT WEAR blue jeans, t-shirts, sweatshirts, halter tops, shorts, sandals, or go without socks.
7. If applicable, wear your student ID.
8. Arrive promptly at your scheduled time, report to the Physical Therapy Department and request to see the PT/PTA through whom arrangements were made.
9. Introduce yourself and state your purpose for being there.
10. Notify the observation site PT/PTA if you will be late or unable to attend at your scheduled time.
11. Make the most of your opportunity! Ask questions and be engaged. Print a copy of the *Observation Reflection Form* to take with you. Do not use your cell phone during observation hours.
12. Upon completion of the observation at each site have the PT/PTA sign the attached *Observation Hours Verification Form.*
13. Make sure to thank the PT and /or PTA for allowing you to observe them.
14. Keep copies of your completed paperwork to for your records.
15. Return completed *Observation Hours Verification Form* and *Observation Reflection Form* (optional) with your PTA admissions packet for additional consideration.

Contact Erin DiCapo, Program Director (edicapo@ccc.edu) with any questions.

# MALCOLM X COLLEGE

# PHYSICAL THERAPIST ASSISTANT

***OBSERVATION HOURS VERIFICATION FORM***

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| Student Name Click or tap here to enter text. | CCC Student ID Click or tap here to enter text. |
| Student Phone Number Click or tap here to enter text. | Student Email Click or tap here to enter text. |

**OBSERVATION SITE (Name of Facility):** Click or tap here to enter text.

PT/PTA: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Date(s) and Time: Click or tap here to enter text.

PT/PTA Signature: Click or tap here to enter text.

Total hours: Click or tap here to enter text.

**OBSERVATION SITE (Name of Facility):**

PT/PTA: Click or tap here to enter text.

Street Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Date(s) and Time: Click or tap here to enter text.

PT/PTA Signature: Click or tap here to enter text.

Total hours: Click or tap here to enter text.

**TOTAL HOURS FROM ALL FACILITY OBSERVATION**:

Feel free to contact Erin DiCapo, Program Director (312-850-7021 or [edicapo@ccc.edu](mailto:edicapo@ccc.edu)) with any questions or concerns.

# PHYSICAL THERAPIST ASSISTANT

***OBSERVATION REFLECTION FORM***

*Responses to these questions should be collected at each observation location and must be typed if planning to submit.*

Name of facility:

Setting type:

1. How would you describe the job duties of the PT and/or PTA you observed in this setting?
2. What did you like most about what you observed or about this site?
3. What did you like least about what you observed or about this site?
4. What types of patients does the PT/PTA work with at this site?
5. Name two of the conditions or injuries that patients had that you observed.
6. Have these observation experiences increased or decreased your desire to be part of the PTA profession? Why?
7. Based upon what you know about the occupation, what do you think will be the major benefits of this career for you? (List at least three.)
8. What do you think will be the hardest challenges of this career for you? (List at least one.)