

# MALCOLM X COLLEGE

## CITY COLLEGES OF CHICAGO

### PHYSICAL THERAPIST ASSISTANT (PTA) PROGRAM OBSERVATION HOURS VERIFICATION FORM

Student Name \_\_\_\_\_ CCC Student ID \_\_\_\_\_

Student Phone Number \_\_\_\_\_ Student CCC Email \_\_\_\_\_

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

PT/PTA Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date(s) and Time: \_\_\_\_\_

PT/PTA Signature: \_\_\_\_\_

Total hours: \_\_\_\_\_

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

PT/PTA Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Date(s) and Time: \_\_\_\_\_

PT/PTA Signature: \_\_\_\_\_

Total hours: \_\_\_\_\_

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