

OBSERVATION VERIFICATION FORM

Dear Physical Therapist/Physical Therapist Assistant:

One of the prerequisites for consideration for admission to the Physical Therapist Assistant program at Owens Community College is observation of **24 hours** of physical therapy clinical practice under the supervision of a licensed physical therapist or physical therapist assistant.

Applicants are required to observe 8 hours in each of three settings: out-patient, acute or acute rehab at a hospital, and skilled care/nursing home.

In order to be consistent with standards of the program and the physical therapy profession, applicants must demonstrate professional behaviors and dress when participating in clinical observations.

PROFESSIONALISM AT CLINICAL SITES:

- Students are expected to practice good personal hygiene habits at all times.
- Jewelry, if worn, must be modest in appearance. Earrings, bracelets, rings and necklaces must be simple and not interfere with professional appearance. A maximum of two earrings in each ear lobe is acceptable.
- Any other body piercing ear cartilage, tongue, umbilicus, etc. must be removed while in clinic.
- Tattoos must be covered.
- Students should wear an ID badge if provided by the facility.
- Shoes/sneakers should be clean, neat, low in heel height, and closed in; socks or nylons are required.
- Students must conform to facility dress code or may wear tailored pants and shirts. Jeans, sweat suits, spandex, tight fitting clothes, tops which expose the shoulders or stomachs, are not allowed.
- Students may wear white lab coats with appropriate identification over their clothing (lab coats must be worn if required by the facility).
- All hair should be neat in appearance. Long hair must be pulled back off the face.
- Excessive/extreme make-up, nail polish, perfume, after-shave, and/or cologne are not allowed.
- Gum chewing is forbidden.
- Use of cell phones (calls or texting) is prohibited during observation hours.

**The professional being observed should not be a relative or friend of the prospective student.
The student waives all rights to view the completed observation documents by signing here:**

Student Signature

Date

OCID or SS#

CLINICIAN: PLEASE COMPLETE THE FOLLOWING FORMS, PLACE THEM IN A SEALED ENVELOPE PROVIDED BY THE APPLICANT, PLACE YOUR SIGNATURE ACROSS THE FLAP, AND RETURN IT TO THE PROSPECTIVE STUDENT TO DELIVER TO THE RECORDS OFFICE OR ADMITTED STUDENT TO DELIVER TO PTA PROGRAM CHAIR. THANK YOU FOR YOUR TIME AND COOPERATION WITH THIS PROCESS.

_____ has observed _____
(Print Name of Prospective Student) (Number of Hours)

at _____ (_____) _____ - _____
(Name of Physical Therapy Facility) (Facility Phone Number)

Type of Setting: _____ Outpatient _____ Acute/Acute Rehab _____ Skilled Nursing Facility/Nursing Home/LTAC

Please fill out the following observations, rating the applicant in the following areas.

1= Unacceptable 2 = Poor 3 = Fair 4 = Good 5 = Excellent

	1	2	3	4	5
Willingness to learn					
Interest level					
Professional appearance					
Engagement in activity					
Overall appreciation of the PTA observation					
Communication (voice quality, ease, etc)					
Motivation towards a PTA career					

Please indicate your overall recommendation of the applicant (check one):

I recommend the applicant highly, without reservation.

I recommend this applicant.

I recommend this applicant, with some reservations.

I do not recommend this applicant.

Any comments regarding observation:

Print Name _____ Date(s) _____

PT/PTA (circle one) License Number _____ State _____

Signature of PT/PTA _____