NORTHWEST
MISSISSIPPI COMMUNITY COLLEGE
SCHOOL OF HEALTH SCIENCES

PHYSICAL THERAPIST ASSISTANT PROGRAM

OBSERVATION HOURS DOCUMENTATION FORM

Instructions: All applicants will be required to complete a minimum of 20 hours of observation in the field of physical therapy. Observation hours are required as a way to introduce you into the field of physical therapy. While all 20 hours may be completed at the same facility, it is recommended that the observation experience be completed at multiple locations. With the anticipation of an extremely competitive process, a student with observation hours at more than one location will have an objective scoring advantage over a student who completes all of their hours at a single location (See Objective Scoring Tool). Multiple clinical settings will allow for a more eclectic experience.

The observed Physical Therapist/Physical Therapist Assistant will help you complete this form. This form will be submitted with your application. You MUST complete one form per facility observed.

Applicant Name:_____ Applicant Student ID (if applicable):_____

Facility Observed:_____ Facility Location:_____

Phone Number:_____ Date/s Observed:_____

PT/PTA Observed:_____ PT/PTA License Number:_____

Setting Type:

_____ Acute Care Hospital/Rehab
_____ Skilled Nursing Facility
_____ Outpatient
_____ Home Health
_____ Pediatric
_____ Other

_____ Total Hours Completed

Revised 4/2024

ATTENTION: Students who are completing the observation portion of the application have not been admitted into the Physical Therapist Assistant Program at Northwest Mississippi Community College. The student does not represent any portion of the Northwest Mississippi Community College PTA program or the college itself. This form will be utilized to help with the application process for admitting the most qualified applicants.

Applicants are highly encouraged to dress and act professionally during the observation experience. Applicants completing this form agree to comply with Federal Privacy Laws including The Health Insurance and Portability and Accountability Act of 1996 (HIPPA). All patient information and observed experience is confidential and is protected from being disclosed without the patient's consent or knowledge. Applicants also agree to comply with all of the facility's rules and regulations.

Clinicians and applicants must understand this experience is to be strictly observational. Applicants should not be asked to or perform any clinical or skilled activities during this experience.

Clinicians, please complete the following items regarding the applicant's observation experience.

1. Did the applicant demonstrate punctuality by being on time?
   Yes_____ No_____

2. Did the applicant dress in an appropriate and professional manner?
   Yes_____ No_____

3. Did the applicant demonstrate professionalism throughout the duration of this experience?
   Yes_____ No_____

4. Did the applicant exhibit respect for the patient and clinician during the experience?
   Yes_____ No_____

5. Did the applicant show a genuine interest to learn in the field of physical therapy?
   Yes_____ No_____

*2 points for each Yes

APPLICANT SIGNATURE REQUIRED HERE IN AGREEANCE TO ALL ITEMS MENTIONED ABOVE:

_____

CLINICIAN (PT/PTA) SIGNATURE REQUIRED HERE IN ACKNOWLEDGMENT TO ALL ITEMS MENTIONED ABOVE:

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