

Observation Verification Form

Physical Therapist Assistant (APPTA)



All applicants to the Physical Therapist Assistant program at WCC are required to complete **volunteer and/or clinical observations** with a **Licensed Physical Therapist (PT) or Physical Therapist Assistant (PTA)** before applying to the program. The purpose of this requirement is to give the applicant an understanding of the relationship between the PT and the PTA, and the role of the PTA in patient care. By requiring different settings, the applicant gains a better understanding of the vast skill set needed by a PTA to treat a wide variety of patients.

Students are required to complete a **total of twelve (12) hours** of observations. These hours must include a **minimum of three (3) hours at two (2) different types of physical therapy settings**. Please refer to the department's [Clinical Observation](#) website for guidelines and additional details on completing hours.

Only **one (1) form** may be used **per facility AND setting type**. Some facilities may offer multiple setting types (e.g., an acute care hospital with outpatient clinic). In such cases, the student may observe both settings but will need to document their hours on two separate forms.

Students who are **currently employed in a physical therapy office** may count their employment experience toward required hours. To receive credit, the student's employer must **complete both the Observation Verification Form and the [Experience Form](#)**. A **maximum of nine (9) hours** may be awarded for employment in **one (1) setting type**. The student is still required to complete at least **three (3) hours in a second and different setting type** to meet the observation requirement.

Submit to: Health & 2nd Tier Admissions Office at healthadmissions@wccnet.edu or [Student Welcome Center](#) (2nd Floor, Student Center).

TO BE COMPLETED BY STUDENT:

Student Name: _____ Student ID: _____

Check to confirm all criteria is met: ☐ 12 hours total ☐ 2 different setting types ☐ 3 hours at each setting type

Currently employed in a PT office? ☐ No ☐ Yes, my employer will also attach a completed [Experience Form](#).

TO BE COMPLETED BY PT/PTA OBSERVED:

Thank you for supporting our students and allowing them the opportunity to observe!

Facility/Organization Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Please select the type of setting observed by the student (choose **ONE (1)** type per form):

- | | |
|--|---|
| <input type="checkbox"/> Hospital: Adult, Pediatrics, Burn Unit, Cardiac/Telemetry Unit, Oncology Unit | <input type="checkbox"/> Outpatient Adult Neuro |
| <input type="checkbox"/> Extended Care Facility/Long Term Acute Care | <input type="checkbox"/> Outpatient Pediatrics |
| <input type="checkbox"/> Inpatient Rehabilitation Facility | <input type="checkbox"/> Outpatient Orthopedics |
| <input type="checkbox"/> Hippotherapy/Therapeutic Riding | <input type="checkbox"/> School-based |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Home Health |
| | <input type="checkbox"/> Skilled Nursing Facility |

Please indicate the dates and number of hours observed by the student:

**All hours should be calculated in half hour increments (e.g., 4 hours and 30 minutes = 4.50).*

Date	Hours*

Date	Hours*

Credentials: ☐ PT or ☐ PTA Date: _____

-Tape business card here-

PT/PTA Name: _____

Phone Number: _____

*Signature: _____

***Electronic signatures are valid only if sent from the PT/PTA's official facility/organization email.** Paper forms must have a handwritten signature and include a business card or letterhead for verification.