



Verification of Observation Experience in Physical Therapy

Each applicant to the Flathead Valley Community College Physical Therapy Assistant program is required to complete a minimum of 30 observation hours in at least 3 different clinical settings. A minimum of 10 hours must be in an inpatient setting We highly encourage candidates to exceed this number of hours and different clinical settings if he/she wishes. The supervisor must be a licensed PT or PTA unless approved by PTA program director. The student is to complete these observation hours prior to acceptance into the program. This form must be submitted to comply with requirements for application to the program. It is the applicant's responsibility to be sure the form is complete, accurate and submitted to FVCC PTA program director with the PTA program application. This information may be subject to verification. Please maintain a copy for your records.

Applicant's Name _____

Table with 6 columns: Date, Physical Therapy Setting, Contact Phone Number and Email, Hours, Name of Supervising PT/PTA, Signature of Supervising PT/PTA. Includes an example row with handwritten text.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a falsifying this document may disqualify me from application to the FVCC PTA program. Applicant Signature: _____ Date: _____

Date	Physical Therapy Setting Please specify name of facility/clinic AND type of setting: Inpatient (Acute Care, SNF, Extended Care, Inpatient Rehabilitation), Outpatient (private practice, hospital based outpatient, rehabilitation unit outpatient), Home Care, Pediatrics/School System, Sports fitness center, Cardiac Rehabilitation, Other (please specify)	Contact Phone Number and Email	Hours	Name of Supervising PT/PTA	Signature of Supervising PT/PTA
Total Hours of all settings combined		Total Hours Inpatient		Total Hours Outpatient	

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a falsifying this document may disqualify me from application to the FVCC PTA program. **Applicant Signature:** _____ **Date:** _____