

Jefferson State Community College
DOCUMENTATION OF PHYSICAL THERAPY OBSERVATION

Applicant: _____ J Number or SS: _____
Applying for Semester Beginning: Summer 2021

Candidates for the Physical Therapist Assistant program at Jefferson State Community College are required to complete **seventy-five (75)** hours of observation/volunteer experience under the supervision of a licensed Physical Therapist or Physical Therapist Assistant **within one year** prior to the application deadline; qualifying hours must be achieved between Jan 1, 2020 and Jan 15, 2021 for the next deadline. **Twenty-five (25)** of these hours must be completed in an inpatient, acute care, or skilled nursing setting. **Applicants must provide Documentation of Physical Therapy Observation (Pages A and B) for each clinical facility in which hours are completed. Documented hours will not be credited without both forms.** It is the applicant's responsibility to be sure the form is complete, accurate, and submitted with the JSCC Physical Therapist Assistant Application by the **deadline: January 15, 2021**. Different forms will not be accepted; this form may be reproduced as necessary. **Please type or print legibly in black ink.**

Facility Name: _____	
Facility Address: _____	
Facility Phone Number: _____	Fax: _____ Contact Email: _____
Supervisor(s): Name of Physical Therapist or Physical Therapist Assistant supervisor of observation (PLEASE PRINT):	
Name: _____	License Number: _____
Name: _____	License Number: _____
Name: _____	License Number: _____
Name: _____	License Number: _____
I VERIFY THAT THE HOURS DOCUMENTED ON THE FOLLOWING PAGE(S) ARE TRUE AND ACCURATE:	
_____	_____
Student Signature	Date

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Applying for Semester Beginning: Summer 2021

The Physical Therapist Assistant program at Jefferson State Community College requires applicants to complete a minimum of **seventy-five (75) hours** of observation/volunteer experience; a minimum of **twenty-five (25) hours** MUST be from an inpatient, acute care, or skilled nursing setting. We suggest the hours documented represent quality observation experiences. Credit should not be given for anything outside of patient care activities (i.e., lunch, administrative duties, organizational orientation, etc.) **Hours of observation must be performed under the supervision of a licensed physical therapist or physical therapist assistant. Each line must be signed by the supervising therapist. Please print and/or sign legibly in black ink.**

Different forms will not be accepted; this form may be reproduced as necessary. Qualifying hours must be achieved between Jan 1, 2020 & Jan 15, 2021

Date Month/Day/Year	IN Time HR: MIN AM/PM	OUT Time HR: MIN AM/PM	IN Time HR: MIN AM/PM	OUT Time HR: MIN AM/PM	Number of Hours	Type of Experience Observed*	Supervising Therapist (Signature)	Supervising Therapist License Number

Types of Observation Experience*

Inpatient Settings	Outpatient/Other Settings
Acute care hospital	Outpatient clinic
Extended care facility	Private practice
Skilled Nursing Facility	Hospital-based outpatient
Rehabilitation unit – inpatient	Rehabilitation unit – outpatient
Other: _____	Home Health
	Sports Medicine/Athletics
	Pediatrics/Early intervention/School-based program
	Industrial Medicine/Occupational Health
	Aquatic Rehabilitation
	Wellness/Prevention/Fitness
	Other: _____