The above student is interested in applying to the Physical Therapist Assistant program at Washtenaw Community College. As part of the admission requirements, he/she must observe the activities of a Licensed Physical Therapist or Physical Therapist Assistant (no other health care provider will be accepted) for a minimum of 3 hours in at least three (3) different types of physical therapy settings for a minimum total of 20 hours. A Clinical Observation Form MUST be completed for EACH facility. No more than two PT/PTA's can sign a single form for an individual facility.

### Type of Setting:

- Acute care (in-patient hospital)
- In-patient rehabilitation
- Out-patient
- Extended Care Facility (skilled care, Sub-acute, long term)
- Home-health
- School
- Other → If the type of setting you observed is not listed above, write the word “Other” in the “Type of Setting” box below and state the type of setting you observed. (i.e. Other: Therapeutic Riding Program, Burn Camp, Pediatrics)

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours*</th>
<th>PT/PTA Printed Name</th>
<th>Type of Setting (Choose from list above)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

*All hours should be calculated in half hours (i.e. 4 hours and 30 minutes = 4.50)

I certify that the above information is accurate.

Student’s Signature: ___________________________ Date: ________________

To be completed by PT or PTA(s):

Facility Name: ___________________________  -Tape Business Card(s) Here-
Address: ____________________________________________
__________________________________________

1. Credentials (circle one): PT or PTA Date: __________
   Phone Number: (_____)____________________________
   Printed Name: ___________________________________
   Signature: ______________________________________

2. Credentials (circle one): PT or PTA Date: __________
   Phone Number: (_____)____________________________
   Printed Name: ___________________________________
   Signature: ______________________________________