

University of Saint Francis
Physical Therapist Assistant Program
Observation Hours Verification Instructions

Physical Therapist Assistants practice in a variety of settings such as acute care, inpatient rehabilitation, outpatient clinics, athletics, pediatrics, skilled nursing facilities, and other environments with diverse populations. Observation hours or “shadowing” is required to offer prospective physical therapist assistant students several benefits such as; gaining an understanding about the profession of physical therapy; patient populations, job tasks, obligations and responsibilities of the PTA. This helps the student to assess whether the profession is appropriate to fit given the time, rigor, and financial resources required. If you are having difficulty finding locations to observe, please inform the USF PTA faculty, and we will assist you in finding locations to perform observation hours.

Applicant Requirements:

- Applicants are required to observe a minimum of **8 to 24 hours** in at least **1 physical therapy setting** to build their application toward USF PTA program admission.
- Applicants will submit a brief 2 to 3 paragraph reflection with the observation form that includes; types of patients and diagnosis observed, job duties observed, and thoughts about why you feel the physical therapy profession is the appropriate choice for your future.

**University of Saint Francis
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Please complete this form for each different setting you observe and select the licensed physical therapist or physical therapist assistant who supervised you during each observation that can best verify your hours. Applicants must complete the entire form and submit the form and the brief reflection of the experience directly to the University of Saint Francis Office of Admissions or University of Saint Francis PTA Admissions Committee.

Name of Applicant: _____

Name of Facility: _____

Street Address of Facility: _____

City: _____ **State:** _____ **Zip code:** _____

Facility Phone Number: _____

Name of PT or PTA _____

PT license number: _____ **State of License:** _____

PT/PTA email: _____

Type of Setting Observed: ___ Inpatient ___ Outpatient ___ School

 ___ Extended care Facility / Nursing home/ skilled nursing ___

 ___ Industrial/Occupational Health ___ Outpatient clinic (private practice)

Other (describe): _____

Total number of hours over the entire experience at this facility _____

Start Date: _____ **End Date:** _____

(Signature of Physical Therapist/Physical Therapist Assistant)

Date