

VERIFICATION OF OBSERVATION FORM

_____ is applying to the Physical Therapist Assistant
(Applicant's name - please print)
Program at Pearl River Community College. Observation of the profession in practice is strongly encouraged. This will ensure the applicant has an understanding of the various roles within physical therapy and has a general idea of the practice itself. The applicant is not a current student of the program.

Facility Name and Address:

Facility Phone Number:

Date: _____

Hours Observed:

Applicant Signature:

PT or PTA Signature:

Please note that the PT or PTA must sign in order for the credit to be given for the hours observed.

Form may be duplicated.