



**Pennsylvania Institute of Technology**  
**PHYSICAL THERAPIST ASSISTANT OBSERVATION DOCUMENTATION FORM**

**Name of Applicant:** \_\_\_\_\_

The Pennsylvania Institute of Technology requires that applicants complete a minimum of 20 hours of observation in at least two Physical Therapy Departments. Ten (10) hours should be spent in an inpatient facility (hospital or nursing home) and ten (10) hours in an outpatient clinic. Observation credit should only be given for actual time spent observing patient care. Individuals working as paid employees in a physical therapy department may use their regular working hours to complete this requirement. Observation may be completed with a licensed Physical Therapist or licensed/registered Physical Therapist Assistant, and hours will only be accepted if signed by the supervising PTA or PT. Properly documented observation hours will be accepted on forms from other educational institutions as long as it is approved by the Physical Therapist Assistant Program Director.

Date	Starting Time	Ending Time	# of Hours	Name & Address of Facility	Telephone Number	Inpatient or Outpatient	Name & License Number of Supervising PT or PTA

Supervising PT/PTA Signature \_\_\_\_\_

Total Hours \_\_\_\_\_ Total Days \_\_\_\_\_

I certify that the hours listed above were fulfilled by me. I understand that the PTA Admission Committee may verify this document for authenticity, and I realize that falsification of information will result in my application to the PTA Program being withdrawn from consideration.

Applicant Signature \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Additional forms may be obtained from the PTA Program Coordinator if needed