

**Observation Hours Documentation Form**

Name of Applicant:

Name of Facility:

Facility Address:

Type of Experience (circle one):      Aide or Technician   |   Volunteer   |   Observer

Total Number of Hours Observed in this Setting:

Type of Setting (circle one):

Outpatient Clinic	Hospital	Skilled Nursing Facility (SNF)
School	Other (specify):	

**Instructions: Have your supervising clinician complete the portion below and sign the document. Then place this form in a sealed envelope. The supervising clinician must then sign directly over the seal of the envelope.**

**Name of Supervising Clinician (Print):**

Job Title of Supervising Clinician:

Contact Information of Supervising Clinician (Email or Phone):

Supervising Clinician Comments (optional):

**Signature of Supervising Clinician:**

**Date:**

Thank you for assisting our candidates with their admissions process!

Contact PTA Program Director with any questions: [aaron.freeman@chattahoocheetech.edu](mailto:aaron.freeman@chattahoocheetech.edu)

*A Unit of the Technical College System of Georgia. Equal Opportunity Institution.*

### Instructions for Observation Hours

The optional observation hours for application to the Physical Therapist Assistant Program is for 12 hours of time or more spent directly observing a clinician directly providing Physical Therapy services. The intention of these observation hours is to give candidates an opportunity to learn more about the profession and more about the patients we serve.

**Hours reported must be spent directly observing Physical Therapy services provided by a licensed Physical Therapist or Physical Therapist Assistant.** Experience as a Physical Therapy Aide or Technician may fulfill this requirement, provided that at least 12 hours of time or more was spent directly observing a Physical Therapist or Physical Therapist Assistant.

Other types of observation, volunteering, or internships cannot fulfill this requirement including front office work, clerical work, cleaning or setting up equipment, interacting with other volunteers/observers, observing other types of healthcare professionals, or any other experience outside the setting of Physical Therapy. Participation in other events such as fundraising, sporting events, runs/walks, or other charity activities also cannot fulfill this requirement. Job experience in other roles such as personal training, athletic training, or exercise science, cannot fulfill this requirement.

Applicants may choose to observe at more than one facility. Please fill out a separate Observation Hours Documentation Form for each facility.

Applicants who have submitted forms verifying observation experience during a previous application year may use those hours in a subsequent application year. Previously submitted forms will be kept in the applicant's file in the Health Science office and will expire after 3 years. In order to use observation hours on file, you must note this on your application.

### Instructions to Submit Observation Hours

The supervising PT or PTA should be provided an envelope in which to place the signed form. The supervising PT or PTA must then sign directly over the seal of the envelope. Forms submitted in an envelope without a signed seal will not be accepted.

The signed envelope can then be mailed or delivered to the following address:

Chattahoochee Technical College  
Building F, Health Sciences Office  
5198 Ross Road  
Acworth, GA 30112

All hours must be submitted by **Monday, May 6, 2024.**