

Instructions for Completion of Observation Hours

Applicants to the PTA Program may earn 20 points from completion of at least 12 hours of observation. 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.

Observation hours reported must be spent directly observing Physical Therapy services provided by a licensed Physical Therapist or Physical Therapist Assistant in the appropriate setting. Experience as a Physical Therapy Aide or Technician will be accepted, provided that the reported hours were spent directly observing a Physical Therapist or Physical Therapist Assistant in the appropriate setting.

- Other types of observation, volunteering, or internships will not be accepted including clerical or administrative work, greeting patients, or observing other types of healthcare professionals. Participation in events such as fundraising, runs/walks, or other charity activities will not be accepted. Job experience in other roles such as personal training or athletic training will not be accepted.

Applicants must complete at least 6 hours of observation in an Inpatient setting and 6 hours of observation in an Outpatient setting, for a total of at least 12 hours. See below for qualifying facilities. Hours in each setting must be submitted using the corresponding Inpatient or Outpatient forms provided below. Each form must be signed by the supervising therapist in that setting. Partially completed hours, or hours in only one setting, will not be accepted. Applicants must submit both completed forms together by the deadline posted on the PTA Program webpage (see Instructions to Submit Observation Hours below).

Explanation of Settings

Applicants should complete the corresponding Inpatient or Outpatient Observation form for each experience. It is the applicant's responsibility to identify and contact the appropriate facilities and arrange observation experiences. Applicants must meet the facilities' requirements for observers. The following types of facilities will qualify for each setting:

<u>Inpatient Setting</u> Use the "Inpatient Observation" Form	<u>Outpatient Setting</u> Use the "Outpatient Observation" Form
Hospital	Orthopedic or Sports Medicine
Skilled Nursing Facility or Sub-acute Rehab	Neurologic or Balance Rehabilitation
Inpatient Rehab Unit (IRU)	Hospital-based Outpatient
Long Term Acute Care (LTAC)	Private Practice

The PTA Program cannot provide contacts or suggested locations. We recommend you search for the types of healthcare facilities listed above in your area that offer physical therapy services, then contact them through the information they provide (usually on their website).

Instructions to Submit Observation Hours

Complete both the Inpatient Observation and Outpatient Observation forms provided below by observing at least 6 hours in each setting. Each form must be signed by the supervising therapist in that setting. If observation hours take place over more than one date, one form can be utilized if the supervising therapist is the same. If the supervising therapist is different, fill out an additional form.

Both forms must be submitted together by placing them in an envelope with your name and Chatt Tech Student ID (900#) clearly written on the outside. The 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

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.

Inpatient Observation Hours Documentation Form

Name of Applicant: _____ Student ID (900#): _____

Name of Facility: _____

Facility Address: _____

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

Total Hours Observed in the Inpatient Setting: _____

Type of Inpatient Facility (circle one):

Hospital	Skilled Nursing Facility or Sub-acute Rehab	Long Term Acute Care (LTAC)
Inpatient Rehab Unit (IRU)	Other (specify):	

Have the supervising clinician complete the portion below and sign the document.

Name of Supervising Clinician (Print): _____

Job Title of Supervising Clinician: _____

Contact Information of Supervising Clinician (Email and/or Phone): _____

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

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Outpatient Observation Hours Documentation Form

Name of Applicant: _____ Student ID (900#): _____

Name of Facility: _____

Facility Address: _____

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

Total Hours Observed in the Inpatient Setting: _____

Type of Outpatient Facility (circle one):

Orthopedic or Sports Rehabilitation	Neurologic or Balance Rehabilitation	Hospital-based Outpatient
Private Practice	Other (specify):	

Have the supervising clinician complete the portion below and sign the document.

Name of Supervising Clinician (Print): _____

Job Title of Supervising Clinician: _____

Contact Information of Supervising Clinician (Email and/or Phone): _____

Signature of Supervising Clinician: _____

Date: _____

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