

Instructions for Completion of Observation Hours

Applicants to the PTA Program may earn 20 points for completion of at least 12 total hours of observation. The intention of these observation hours is to increase candidate's knowledge of the profession and the patients we serve.

Observation hours 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 it meets the above criteria. The following will not be accepted:

- Observing any other type of healthcare professional (ex; chiropractor, physician, etc)
- Job experience or observation in personal training or athletic training
- Participation in events such as fundraising, runs/walks, or other charity activities

To earn points, the 12 total observation hours must include 6 hours of observation in an Inpatient setting, and 6 hours in an Outpatient setting. See below for qualifying facilities.

Partially completed hours or hours in only one setting will not earn points. Submit hours for each setting using the corresponding forms at the end of this document. Each form must be signed by the supervising therapist in that setting.

Explanation of Settings

An Inpatient setting is one where the patient temporarily or permanently resides, and Outpatient is where they visit only for therapy/services. It is the applicant's responsibility to identify and contact the facilities, arrange observation experiences, and meet the facilities' requirements for observers. Qualifying facilities 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 above healthcare facilities in your area, then contact them through the information they provide (usually on their website). We recommend you contact the Rehabilitation or Physical Therapy department directly if possible, and emphasize you are an *observer* (not volunteer).

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. The information provided by the supervising therapist must be complete and legible. Chatt Tech may contact the facility or supervising therapist to verify completion of observation hours.

Completed forms must be submitted on or before the last day of the month of April to earn points (see PTA Program Admission Information document on the PTA Program webpage for more information).

To submit hours, place both/all completed forms together in an envelope with your full name and Chatt Tech Student ID (900#) clearly written on the outside. Then mail or drop off the envelope to the following address. There is a labeled drop box just outside the office if no one is present.

**North Metro Campus, Chattahoochee Technical College
Building F, Health Sciences Office F106
5198 Ross Road
Acworth, GA 30112**

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.

Applicants who have completed observation experience during a previous application year may use those hours again 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

The student observer should complete this section.

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):	

**The supervising clinician should complete all of the section below.
The form must be signed. Incomplete or illegible forms will not be accepted.**

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

The student observer should complete this section.

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 Outpatient 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 all of the section below.
The form must be signed. Incomplete or illegible forms will not be accepted.**

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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