

Physical Therapist Assistant Volunteer/Observation Hours

Applicant will print out form and take to facilities where volunteer work/observations are performed.

Applicant First Name: _____ Last Name: _____

Facility #1 Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____
Zip: _____

PT/PTA **Name with Credentials:** _____

PT/PTA Signature: _____

Date	Start time	End time	# of hours observed	PT/PTA initials

Facility #2 Name: _____ Phone Number: _____

Street Address: _____ City: _____ State: _____
Zip _____

PT/PTA **Name with Credentials:** _____

PT/PTA Signature: _____

Date	Start time	End time	# of hours observed	PT/PTA initials

Total Hours: _____

- ❖ For applicants who work in the field of physical therapy, have your supervisor sign the observation form and confirm that you work in the facility and how many hours per week you work. A total of 4 hours of observation must be completed at another facility that is a different type of setting from where applicant is currently working.