

**Lackawanna College Physical Therapist Assistant Program
Clinical Observation Form**

Please utilize this form to record your clinical observation hours.

1. A separate form must be used for each clinical site.
2. You are required to complete a combined total of 20 observation hours. These hours must include 10 hours each at two different clinical settings.
 - Example: 10 hours Outpatient Physical Therapy and 10 hours of PT in a Nursing Home
3. If you currently or have previously worked in the physical therapy field as a technician/aide, you must obtain a minimum of 10 observation hours in a setting different from the one in which you have worked.
4. You are to be a "Passive Observer" only. There is NO expectation from Lackawanna College's PTA Program that you actively participate in patient care in any manner. Please NO hands on patient care / interaction.

Name of Applicant: _____ **Facility Name:** _____

Name of Supervisor: _____ **Position:** _____

Section 1:

The following are a list of clinical settings that qualify for observation hours. Please circle any/all that apply specifically to this clinical observation. Please ask your supervisor for assistance if you have questions regarding these terms.

Acute Care In-patient Rehab Outpatient rehab Skilled Nursing Home Care
 Pediatrics Aquatic Therapy Other (must be PT related): _____

Section 2: Please record your observation hours on the chart below. Attach an additional sheet of paper if necessary. If this is a facility in which you work or have worked, please proceed directly to Section 3.

Date of Observation Experience	Number of Hours Observed	Signature of Supervisor
XXXXXXXXXXXXXXXXXX	TOTAL:	

Section 3: (Completed by applicant ONLY if employed presently or previously by the facility)

If you presently work or have worked in the past at this facility, please provide the following information:

1. Please provide your date(s) of employment: _____
2. On average, how many hours per week do you/did you work? _____
3. What is/was the name of your immediate supervisor? _____

All applicants: Please ask your clinical supervisor to verify your recorded hours by signing and dating this form below.

Signature of Supervisor

Date