Lackawanna College Physical Therapist Assistant (PTA) Program Clinical Observation Requirement for Admission

Please use this form to record your clinical observation hours.

- 1. Applicants are required to complete a total of twenty (20) observation hours in two or more sites. For example, you may complete 10 hours of outpatient physical therapy and 10 hours of physical therapy in a nursing home.
- 2. 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.
- 3. 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 or interaction.
- 4. A separate Clinical Observation Requirement form is required for each clinical site.

| Name of Applicant | |
|------------------------------------|--|
| Applicant's Email Address | |
| Applicant's Phone Number | |
| Facility Name | |
| Facility / Department Phone Number | |
| Name of Supervisor | |
| Supervisor's Position | |

SECTION 1

Following is a list of clinical settings that qualify for observation hours. Please check all that apply specifically to this clinical observation. Please ask your supervisor for assistant if you have questions regarding these terms.

| Acute Care | In-Patient Rehab | Outpatient rehab |
|-----------------|------------------|------------------|
| Skilled Nursing | Home Care | Pediatrics |
| Aquatic Therapy | Other | |

SECTION 2

Applicants should only complete Section 2 if they are presently or were previously employed by the facility.

| Dates of Employment | |
|-------------------------------|--|
| Average hours worked per week | |
| Immediate supervisor's name | |

LACKAWANNA+COLLEGE

SECTION 3

PLEASE PRINT THIS PAGE TO RECORD YOUR OBSERVATION HOURS ON THE CHART BELOW.

Completed observation forms may be scanned or photographed and submitted to **PTAadmissions@lackawanna.edu**. Please retain copies of your completed forms in the event that they cannot be read and must be resubmitted.

Paper copies may be mailed to:

Lackawanna College PTA Program

c/o Admissions Department

501 Vine Street

Scranton, PA 18509

You may print as many copies of this page as needed to account for your total observation hours at this site.

| Date of Observation | Number of Hours Observed | Signature of supervisor verifying the number of hours recorded by the applicant |
|------------------------|-----------------------------|--|
| Observation | Hours Observed | nours recorded by the applicant |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

OCCONSISTENT OF A SUPERVISING PT PRACTITIONER.

Applicant Completing Observation: ______

Total Number of Hours Observed at this Site: _____ Date_____ Date_____

Supervisor Signature (verifying total number of hours) ______

LACKAWANNA+COLLEGE