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

All application materials available on this website are for informational purposes only and are not to be utilized for application to this program. If interested in applying to this program, please discuss next steps with your academic advisor or enrollment counselor to use our Epicor system for supplemental application submission.

Please use this form to record your clinical observation hours.

Immediate supervisor's name

- 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	5		
Applicant's Phone Number	er		
Facility Name			
Facility / Department Pho	one Number		
Name of Supervisor			
Supervisor's Position			
clinical observation. Please ask y	our supervisor for	assistant if you have	Please check all that apply specifically to this 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	te Section 2 if the	y are presently or we	ere previously employed by the facility.
Dates of Employment			
Average hours worked ne	r week		



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.

	I			
Date of	Number of	Signature of supervisor verifying the number of		
Observation	Hours Observed	hours recorded by the applicant		
>>>>>>>>	This section may only b	oe completed by a supervising PT practitioner.		
Applicant Completing (Observation:			
otal Number of Hours	Observed at this Site:	Date		
Sunervisor Signature (s	verifying total number	of hours)		
pervisor Signature (verifying total number of hours)				

