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 ten (10) observation hours in two different sites. These can include outpatient physical therapy, home health, and/or physical therapy in a hospital or nursing home.
2. There is no specific breakdown as to how many hours must be completed at each facility, but the hours must total at least ten (10) in two different facilities/settings..
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	

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 **PTAenrollment@lackawanna.edu.**
Please retain copies of your completed forms in the event that they cannot be read and must be resubmitted.

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

This section may only be completed by a supervising physical therapy practitioner (PT/PTA).

Applicant Completing Observation: _____

Total Number of Hours Observed at this Site: _____ **Date** _____

Supervisor Signature (verifying total number of hours) _____