

PTA PROGRAM: Observation Hours Form

Form PTA-1

ME:		STUDENT ID:	
he PTA Program at Patrick & Henry Community College requires applicants to obtain at least 20 document bservation hours in 2 different clinical settings (10 hours at each) under the direct supervision of a physical nerapist or physical therapist assistant. Please note hours must be completed within two years prior to pplication submission. This form is to be submitted at the time students apply to the program.			
Date	Clinical Business Information	Printed Name & Signature of Licensed PT or PTA	# of Contact Hours
	BUSINESS NAME:		
	ADDRESS:		
	CITY:		
	STATE: ZIP CODE:		
	PHONE NUMBER:		
	BUSINESS NAME:		
	ADDRESS:		
	CITY:		
	STATE: ZIP CODE:		
	PHONE NUMBER:		
	BUSINESS NAME:		
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	STATE: ZIP CODE:		
	PHONE NUMBER:		
	BUSINESS NAME:		
	ADDRESS:		
	CITY:		
	STATE: ZIP CODE:		
	PHONE NUMBER:		
	BUSINESS NAME:		
	ADDRESS:		
	CITY:		1

TOTAL OBSERVATION HOURS DOCUMENTED ABOVE _____

STATE:

PHONE NUMBER:

ZIP CODE: