



Physical Therapist Assistant Program
Job Shadow/Clinical Observation Documentation Form

Name: _____

Student ID: _____

_____ is interested in applying to the Physical Therapist Assistant Program at
(Printed Name)
Washtenaw Community College. As part of the application he/she is required to observe the activities of a Licensed
Physical Therapist or Physical Therapist Assistant for at least 20 hours in at least three (3) practice settings.

- A minimum of 3 hours in at least 3 different types of physical therapy settings are required.
The Clinical Observation Documentation Form must be completed by a Licensed Physical Therapist or
Physical Therapist Assistant. No other health care provider observation will be accepted.
Document each site separately. Submit a Clinical Observation form for EACH facility.

Type of Setting:

- Acute care (in-patient hospital)
In-patient rehabilitation
Out-patient
School
Home-health
Extended Care Facility (skilled care, Sub-acute, long term)
Other -> If the type of setting you observed is not listed above, please write the word "Other" in the "Type of
Setting" box below and state the type of setting you observed. (Ex: OTHER: Therapeutic Riding Program, Burn
Camp,)

Table with 4 columns: Date, Hours*, PT/PTA Signature, Type of Setting (Choose from list above)

*All hours should be calculated in half hours (Example: 4 hours and 30 minutes = 4.50)

I certify that the above information is accurate.

Applicant Signature / Date

PTA/PT Signature / Date

PTA/PT Name (Print): _____

Facility: _____

Address: _____

Telephone Number: _() _____