

Physical Therapy Clinic Observation Confirmation Form

Thank you for allowing the applicants to the NorthWest Arkansas Community College Physical Therapist Assistant Program to observe the practice of physical therapy at your facility. This requirement may be met by observation, volunteer or work hours. Observation must consist of 3 hours at 3 different facilities.

Applicant Name Print: _____

Observation #1

Facility Name & Phone #: _____

Date/ Hours Spent: _____

PT or PTA Signature: _____

PT or PTA Name please print: _____

Observation #2

Facility Name & Phone #: _____

Date/Hours Spent: _____

PT or PTA Signature: _____

PT or PTA Name please print: _____

Observation #3

Facility Name & Phone #: _____

Date/Hours Spent: _____

PT or PTA Signature: _____

PT or PTA Name please print: _____

Signature Certification

I certify that the information given is complete to the best of my knowledge. I understand that submission of false information is grounds for denial of admission or immediate suspension if enrolled.

Signature of Applicant _____ Date _____

Witness: _____ Date: _____