

VERIFICATION OF OBSERVATION/JOB-RELATED EXPERIENCE

Each applicant to the State Technical College of Missouri Physical Therapist Assistant program is required to complete a total of 40 volunteer/observation hours in 2 physical therapy settings with a minimum of 10 hours in one of the settings within the past 3 years (see charts below). Observing Athletic training is not a substitute for physical therapy observation hours. This form must be submitted for each setting to comply with requirements for application to the program. Note: If applicants currently work in the field of Physical Therapy, he/she should contact the PTA Program at: 573-897-2406 to determine how many hours may be awarded.

Form to be completed by the PT/PTA being observed.

Applicant's Name: _____

Supervisor's Name: _____

Name of Facility: _____

Address: _____

City: _____ State: _____ Zip: _____

Facility Phone: _____

I have served in the capacity as supervisor for the physical therapist assistant applicant named above in the field of (place a check (✓) in the appropriate box below):

| Physical Therapy Setting (2 different settings, minimum 10 hours in 1 setting) | |
|---|------------------------------|
| <input type="checkbox"/> | Outpatient |
| <input type="checkbox"/> | Acute/Inpatient/Nursing home |
| <input type="checkbox"/> | Home Health |
| <input type="checkbox"/> | In-Patient Rehab |
| <input type="checkbox"/> | Pediatrics/School |

| Patient Types | |
|--------------------------|-----------------|
| <input type="checkbox"/> | Geriatrics |
| <input type="checkbox"/> | Pediatrics |
| <input type="checkbox"/> | General Neuro |
| <input type="checkbox"/> | General Ortho |
| <input type="checkbox"/> | General Medical |

The above applicant to the physical therapist assistant program has worked in the capacity of:

Volunteer / Observation Employee Other: _____

| | Date of Observation | Total Hours | Observation of duties performed by Physical Therapist |
|---|---------------------|-------------|---|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |

OPTIONAL: Comment on any work readiness skills, characteristics or qualifications observed that should be considered during the selection process for the PTA program.

I certify that the above information is accurate to my knowledge.

PT/PTA
Signature: _____ Date: _____

Title: _____

Please mail completed form to: STATE TECHNICAL COLLEGE OF MISSOURI Attn: Admissions; One Technology Drive; Linn, Missouri 65051