



The Physical Therapist Assistant Program at Collin College requires applicants to complete 20 hours (10 hours at 2 different facilities/entities) of observation/volunteer/ work experience in a Physical Therapy clinic or facility under the direction of a Physical Therapist or Physical Therapist Assistant.

Completed by the applicant:

Applicant Name: _____

Name of Facility: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Type of Facility: ☐ Acute Care ☐ Skilled Nursing ☐ Nursing Home ☐ Rehab Facility ☐ Outpatient Clinic:

☐ Other: _____

Age of patients: ☐ Pediatric ☐ Adult ☐ Geriatric ☐ All Ages

Type of Experience: ☐ Observation ☐ Volunteer ☐ Paid

Completed by the supervising physical therapist or physical therapist assistant:

Total Hours: Total observation/volunteer/work hours completed by the student

-Did the applicant demonstrate timeliness, punctuality, and proper time management? ☐ Yes ☐ No

-Did the applicant interact with the staff and patients in a courteous and professional manner? ☐ Yes ☐ No

-Did the applicant communicate with the staff and patients in an effective manner? ☐ Yes ☐ No

-Did the applicant demonstrate appropriate appearance for the practice setting? ☐ Yes ☐ No

-Did the applicant follow all policies and procedures directed by the facility? ☐ Yes ☐ No

-Did the applicant respond to feedback and modify behavior accordingly? ☐ Yes ☐ No

-Did the applicant demonstrate interest in the profession and ask appropriate questions? ☐ Yes ☐ No

Comments:

By signing the form, the PT/PTA is acknowledging that the applicant has completed the hours noted above.

PT/PTA Signature: _____ License #: _____

PT/PTA Name Printed: _____ Date: _____

Once completed, place the form in a sealed envelope and sign across the seal. Please give the applicant the signed and sealed envelope. The applicant will send the envelope when submitting their application.