

KASKASKIA COLLEGE

PHYSICAL THERAPIST ASSISTANT OBSERVATION HOURS

Observation Hours:

Observation hours are required prior to application to the Physical Therapist Assistant Program in order to help you gain insight into the profession of physical therapy and to ensure that this career meets your expectations and needs. Students are required to complete and have verification of a **minimum of 9 hours of observation** under the supervision of a licensed physical therapist or a physical therapist assistant to occur in at least three different physical therapy locations. Students must complete a **minimum of 3 hours in each physical therapy location**. Observation hours should be completed within the year prior to application to the program. It is the student's responsibility to ensure that the observation hour form is filled out completely and signed by the rehab director or contact person at the observation facility. The completed observation hour form must be uploaded to the Physical Therapist Assistant Program online application. Suggested areas where applicants may obtain hours are listed in the Observation Hours form below.

To help with your observation hours requirement, it is encouraged that students ask the PT or PTA they are observing some questions regarding their education and profession.

Some questions you may ask include:

1. Where did you get your education from? How is your program set up?
2. Can you tell me about your experience in the program? What was it like?
3. How many hours/day or week did you dedicate to doing homework or studying? Are you able to work full time or part time while going to the program?
4. How were your hands-on skills assessed?
5. Is the program's grading system the same as other programs or degrees?
6. What is your daily workload like as a PTA?
7. What is your favorite part of being a PTA?
8. What is your least favorite part of being a PTA?
9. What other settings can you work in? Can you tell me about the different settings?
10. What do you enjoy about being a PTA?

Expectations and Rules for Observations:

1. Call a rehabilitation facility, clinic, hospital or nursing home and set up an appointment to meet with a rehab director or designated contact person to ensure that you can complete your observation hours at that particular facility. Explain that you are seeking admission to Kaskaskia College's PTA Program.
2. Ask the rehab director or designated contact person what their expectations are from you during your observation hours.
3. You will need to comply with all of the facility's policies and procedures including rules and regulations concerning dress code, behavior, and confidentiality. Students should plan to dress in khaki pants and collared shirts with closed shoes unless instructed otherwise by the site (do not wear shorts, t-shirts, flip flops, crocks, etc).
4. Some hospitals and facilities may require students to meet certain criteria before allowing them to complete observation in their facilities. (ex: HIPAA)

5. Please arrive at appointments/schedules 15 mins early. If you need to cancel or reschedule your observation appointment, please notify the rehab director or contact person 24 hours in advance.
6. Avoid eating, drinking, or chewing gum during your observation sessions (except in approved areas).
7. Remain attentive and professional at all times. Thank the staff for their time and allowing you to observe their facility.

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DOCUMENTATION FORM FOR HOURS OF OBSERVATION IN A PHYSICAL THERAPY DEPARTMENT

Nine (9) hours of observation are required in **at least three different areas** as a requirement for application and entry into the Physical Therapist Assistant program. Suggested areas to obtain the required observation hours are listed below. Please note that observation hours in a Chiropractic Office are not accepted hours.

Student Name: _____ **Date of Birth:** _____

Location: _____ **Type of Observation:** _____

I certify that the above-named student has observed at least three (3) hours in this area of physical therapy.

Signature: _____ **Date:** _____

Printed Name: _____ PT or PTA State License Number: _____

Location: _____ **Type of Observation:** _____

I certify that the above-named student has observed at least three (3) hours in this area of physical therapy.

Signature: _____ **Date:** _____

Printed Name: _____ PT or PTA State License Number: _____

Location: _____ **Type of Observation:** _____

I certify that the above-named student has observed at least three (3) hours in this area of physical therapy.

Signature: _____ **Date:** _____

Printed Name: _____ PT or PTA State License Number: _____

Suggested Areas of Observation:

Acute	Sub-Acute	In-patient	Pediatrics	Out-patient
Sports Medicine	Rehabilitation	Neurological	Long-Term Care	

Upload completed form with the application to the Physical Therapist Assistant Program