

CARL ALBERT STATE COLLEGE  
DEPARTMENT OF PHYSICAL THERAPIST ASSISTANT EDUCATION

Documentation of Observation Hours

**INSTRUCTIONS:**

To receive credit for observation hours, this form must be filled out "**completely**". There are no exceptions. You need to document at least **16 total hours** in **two different physical therapy clinics** in two different physical therapy settings. (Example: acute care/out-patient orthopedics, out-patient ortho/home health). This form must be signed by a **licensed physical therapy professional** in the **facility where the observation is completed**. You may make as many copies of this form as needed.

**ONLY HOURS SUBMITTED ON THIS FORM WILL BE CREDITED. YOU MAY NOT USE A SUBSTITUTE FORM!**

FACILITY NAME: \_\_\_\_\_

TYPE OF SETTING: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S SIGNATURE: \_\_\_\_\_

**DATES OF OBSERVATION**

**HOURS OF OBSERVATION**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Professional's Signature/Title Date

PTA FA-03

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