

DOCUMENTATION OF PHYSICAL THERAPY OBSERVATION

Applicants may consider completing three or more physical therapy observations in order to build their PTA application. It is recommended that this form be used to document these experiences, which are observation, shadow or volunteer experiences and not related to the physical therapy treatment of the applicant, completion of an internship or employment.

Date	Facility including Address	Types of Patient	Name of PT/PTA Observed Diagnoses
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Other comments (optional):

Applicant Signature: _____