KILGORE COLLEGE

PHYSICAL THERAPIST ASSISTANT PROGRAM

Physical Therapy Observation Log

Applicant Name: _____

Phone: _____

Email: _____

Observation Requirements

☐ Minimum 16 hours in each setting

☐ Minimum 3 different physical therapy settings

☐ Minimum 48 total hours

☐ Supervision by a licensed PT or PTA required

Setting Types Completed

☐ Acute Care Hospital

☐ Inpatient Rehabilitation

☐ Outpatient Orthopedic

☐ Skilled Nursing Facility

☐ Home Health

☐ Pediatric Therapy

☐ Sports Medicine

☐ Other: _____

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Observation Summary

Requirement	Setting #1	Setting #2	Setting #3	Additional Setting
Facility Name	_____	_____	_____	_____
Setting Type	_____	_____	_____	_____
Hours Completed	_____	_____	_____	_____
Supervisor Signature & Date	_____ _____☐ PT ☐ PTA	_____ _____☐ PT ☐ PTA	_____ _____☐ PT ☐ PTA	_____ _____☐ PT ☐ PTA

KILGORE COLLEGE

PHYSICAL THERAPIST ASSISTANT PROGRAM

Observation Hours Log

Date	Facility	Hours	Supervisor Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Applicant Certification

I certify that the information provided on this form is accurate and complete.

Applicant Signature: _____

Date: _____

PTA Program Use Only

Reviewer Initials: _____

Points Awarded: _____

Date Reviewed: _____