

## Physical Therapist Assistant Program Hawkeye Community College Pre-admission Observation Hours

The individual who has asked to observe at your facility is interested in applying to the PTA program at Hawkeye. This observation is part of the admission requirements and is arranged by the prospective student. They must have a total of 16 hours with a PT or PTA; 8 hours from an outpatient setting and 8 hours from an inpatient setting. The 8-hour observations can be completed in one or more visits, depending on the facility's preference. Please complete the information below to document that the student has completed the observation requirement and exhibited professional behavior throughout the experience.

Thank you for your assistance with this process. If you have any questions or concerns, please feel free to contact Cassady Bartlett, with the HCC PTA Program at 319-296-4434, or email her at [cassady.bartlett@hawkeyecollege.edu](mailto:cassady.bartlett@hawkeyecollege.edu).

**Name of Observer (STUDENT NAME):** \_\_\_\_\_

### **Observation 1**

Facility Name: \_\_\_\_\_ Location/City: \_\_\_\_\_

Facility Type/Observation **setting**:

Acute IP OP Clinic Home Health Skilled Rehab Center Other: \_\_\_\_\_

### **Professionalism for Observation 1: (licensed clinician to circle yes or no)**

Was the student dressed professionally? Yes or No

Was the student engaged in the job shadowing experience? Yes or No

Did the student act in an appropriate manner when scheduling the experience? Yes or No

Did the student arrive and leave the experience punctually? Yes or No

If answered "no" to any of the questions please explain: \_\_\_\_\_

### **PT/PTA Signature:**

I verify that I am a PT or PTA and the above-named individual observed with me for a total of 8 hours.

Clinician Name: \_\_\_\_\_ Clinician License #: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Observation 2**

Facility Name: \_\_\_\_\_ Location/City: \_\_\_\_\_

Facility Type/Observation **setting**:

Acute IP OP Clinic Home Health Skilled Rehab Center Other: \_\_\_\_\_

### **Professionalism for Observation 2: (licensed clinician to circle yes or no)**

Was the student dressed professionally? Yes or No

Was the student engaged in the job shadowing experience? Yes or No

Did the student act in an appropriate manner when scheduling the experience? Yes or No

Did the student arrive and leave the experience punctually? Yes or No

If answered "no" to any of the questions please explain: \_\_\_\_\_

### **PT/PTA Signature:**

I verify that I am a PT or PTA and the above-named individual observed with me for a total of 8 hours.

Clinician Name: \_\_\_\_\_ Clinician License #: \_\_\_\_\_

Clinician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The licensed PT/PTA should sign where noted above upon completion. The student will return the form to the HCC PTA program by December 1st, to Cassady Bartlett, email [cassady.bartlett@hawkeyecollege.edu](mailto:cassady.bartlett@hawkeyecollege.edu).**