**VERIFICATION OF OBSERVATION**
**FOR**
**PHYSICAL THERAPIST ASSISTANT PROGRAM**

Name_____ SS#_____

**Directions** : Application/admission to the JSCC PTA Program requires documentation of a minimum 24 hours of observation/volunteer time in a physical therapy department or setting. Applicants employed as PT technicians can document length of employment to meet this requirement. Make as many copies of this observation verification form as necessary to document additional observations. Applicants can gain points for additional observation hours up to 150 hours or "greater than 1 year" as PT tech. The minimum 24 hours should have been completed within the one year prior to the program's application deadline of May 15th. Please have the Physical Therapist or Physical Therapist Assistant send the completed form directly to JSCC address at the bottom of the page.

Professional attire required for observation: Shirt with collar (polo or golf shirt), pants (no jeans or shorts), no sandals or cloth tennis shoes.

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Check one: _____ Observation/volunteer _____ Work experience
This is to certify that _____, _____
Name SS#
Observed _____hours in this physical therapy facility in fulfillment of requirements for the Physical Therapist Assistant Program at Jackson State Community College.

**Comments:**

_____ _____
Physical Therapist or Physical Therapist Assist. (please print or type) Position license number

_____ _____
Facility Telephone Number

_____ _____
PT or PTA signature Date

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Please send to: Jackson State Community College
PTA Program
2046 North Parkway
Jackson, TN 38301