

Office stamp or business card
must be included at the
bottom of page 2.

OBSERVATION HOURS AND QUESTIONS

Name of Applicant: _____ ECC Student ID # _____

Purpose/Instructions:

- To ensure PTA program applicants are aware of basic aspects of physical therapy regarding the environment, basic patient care, physical and cognitive demands. Must occur within 2 years prior to Feb 15 application submission date.
- Observed physical therapy services must be provided by a licensed PT or PTA in an approved setting in Illinois.
- Minimum of 10 hours total completed locally in the state of Illinois---no longer than 2 years prior to submission of application. Make copies of this form, one form for each location of observation.
- Of the 10 hours ---strongly suggest a minimum of 2 hours in a skilled nursing facility or inpatient hospital setting. The other hours can be in an outpatient setting. Suggest observation of patient care at 2 different types of therapy environments.
- Applicant to respond to the 3 questions on bottom of this form. See below and page 2 for further instructions/clarification.
- Attach this form and responses to questions to the *PTA Student Application Information* form—submit to Health Professions office A 106. (applicants strongly encouraged to make copies for own files)

Complete all the following information: (Applicant to complete using information from page 2 of this document)

Type of observation experience (hospital, outpatient, nursing home, etc). _____

This applicant has completed _____ hours of observation in the Illinois physical therapy department at:

Printed Name of facility: _____

Facility Address: _____

Supervising Illinois Licensed Physical Therapist or Licensed Physical Therapist Assistant to complete:

I verify that the above information and specific time and dates on the second page of this document accurately represent the applicant's observation experience of direct patient care with me at the above listed facility.

Printed name of Illinois licensed PT/PTA: _____ (circle one) PT PTA

Signature of supervising PT/PTA: _____ Illinois License # _____

Phone contact information: _____ Date: _____

The applicant demonstrated professional behaviors during observation including pre-arranging visit, timeliness, respect, appearance, curiosity, interest and attentiveness. (Circle one) Yes No Somewhat

Applicant Questions and Instructions: Limit each essay to *approximately 1 typed page per question—font of 12 and double spaced (max of 500 words)*. Attach your essays to this form and the PTA Student Applicant Information Form (blue)--submit to the Health Professions office, A 106. *Suggest a copy of all items being submitted maintained for your personal files*

1. What is Physical Therapy? Who are Physical Therapy providers?
2. Describe a life experience that required problem solving. What was the problem and how did you solve it?
3. What characteristics or experiences do you have that will help you effectively communicate with the patients? What do you believe may limit your ability to effectively work with an acutely ill patient ?

OBSERVATION HOURS AND QUESTIONS

Applicant Name: _____ (print)

Name of Facility	Date	Starting time Hr/min am/pm	Ending time Hr/min am/pm	# of hours completed
Total Days=			Total Hours =	

I certify that the hours listed above were completed by me. I further understand that the PTA Program Admission Committee of ECC may verify this two page document. I realize that any falsification will result in my application being dismissed from consideration.

Applicant Signature: _____

Date: _____

Please use separate forms if observing at more than one location--- one form for each location observed-- for a total of 10 hours of observation. Strongly suggest observation hours at two different types of clinical environments. For example: 2-4 hours at an inpatient type experience which can be inpatient rehab center, inpatient acute hospital, or skilled nursing facility --and then 6-8 hours at another environment such as an outpatient clinical setting. This will provide a more clear understanding of what physical therapy includes. Attach the responses to the 3 questions to the observation hour form. Only need to answer the 3 questions one time (not for each clinical site attended). Attach the observation hour form/s with responses to the questions to the blue *PTA Student Application Information* form. Submit the "packet" to A 106. Please make a copy of all information for your records prior to submission to ECC.

All requested information on this two page document must be completed.

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