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**Colby Community College
PTA Observation Hour Verification Form**

The Colby Community College PTA Program requires a **minimum** of 40 hours of observation from two (2) clinical settings. Additional hours and settings are preferred. Students are encouraged to spread observation hours equally among clinical settings.

Please use one (1) form for each clinical setting observed.

Name of applicant: _____ Facility name: _____

Hours of observation completed: _____ Facility location: _____

Name of therapist observed: _____

Observation hours were completed between _____ (start-date) and _____ (end-date)

Clinical Setting: (circle)

Outpatient Inpatient(Acute) Skilled Nursing Facility Inpatient(IRF)
Other: _____

Specialty area observed: (circle all that apply)

Orthopedic Neurological Pediatric Geriatric Aquatic Sports
Hand Therapy Balance/Vestibular Wound Care Joint Replacement Lymphedema
Other: _____

Please answer the following:

1. Student demonstrated professionalism including dress, behavior, and demeanor.
Yes_____ No_____
2. Student was engaged, attentive, and asked appropriate questions.
Yes_____ No_____
3. Did the student demonstrate qualities, behaviors, and values that align with the physical therapy profession?
Yes_____ No_____

Comments:

Signature of PT or PTA / Date

Do not return this form to the student

Send to christopher.flieg@colbycc.edu

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Fax: 785-460-4788 Attn: PTA Program