JSCC PTA Program 2024-2025

VERIFICATION OF OBSERVATION FOR PHYSICAL THERAPIST ASSISTANT PROGRAM

Name JSCC ID			CC ID
Directions: Application to the JSCC PT hours of observation time in at least TW Applicants employed as PT technicians meet one of these requirements but show additional setting. Students MUST UP their application to demonstrate evidence observation requirements should have be program's application deadline of June The supervising Physical Therapist or P below and send the completed form direct this page. Professional attire is required for observation	can documented the condition of the complete of their of the complete of their of the complete	therapy depent the length the least 12 houses of observations/ ted within the trapist Assismailing or e	bartments or settings. h of their employment to urs of observation in ONE vation verification forms with employment. The 24 hour ne one year prior to the on subsequent applications. tant should complete the areas mail address at the bottom of
shorts), no sandals or cloth tennis shoes. Other	er requireme	nts may be spe	ecified by the facility.
Check one: Observation ex	perience	OR	Work experience
This is to certify that		- 1	(Name)
This is to certify that < hours at > < (name of facility/com			
in fulfillment of requirements for the Ph State Community College. Clinician Comments: (Please include Overall rating considering punctuality, appearance	the date(s)	of the expe	rience.)
4/excellent 3/good	d 2/margina	al 1/poor ()
Dates:			
Other Comments:			
PT or PTA** Name (Please print)	_	PT or PTA	License Number
PT or PTA** Signature	_	Date	
**Must be a licensed PT or PTA			
Facility/Company		ease mail or sca on State Comm PTA Prog 2046 North P Jackson, TN	nunity College ram arkway

Jackson, TN 38301 Attention: Felicia Ingram, PT, DPT fingram3@jscc.edu