

**Northern Virginia Community College  
Physical Therapist Assistant (PTA) Program  
Observation Hours Verification for Candidates Applying for admission to PTA Program**

*(Candidate completes top portion of form)*

Candidate's Name: \_\_\_\_\_ *(candidate to complete)*

Candidate's NVCC Student ID Number: \_\_\_\_\_ *(candidate to complete)*

I hereby give my permission for a member of the NVCC PTA Program Admission Committee to contact this physical therapy department regarding details of my observation that may be in question.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date (s) Student Observed in PT Department: \_\_\_\_\_ initialed by PT/PTA\_\_\_\_

Total # of Hours Student Observed in PT Department: \_\_\_\_\_ initialed by PT/PTA\_\_\_\_

**The following (which the PTA program may share with the candidate) must be completed by the physical therapist or physical therapist assistant who spent time with the observing candidate for the NVCC PTA Program:**

	Agree	Disagree
Student was prompt.		
Student's appearance was professional.		
Student's interpersonal skills were appropriate.		
Student displayed interest in/enthusiasm for PT.		

Optional Comments: \_\_\_\_\_

\_\_\_\_\_

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PT/PTA's Name and Title: \_\_\_\_\_

PT/PTA's Signature \_\_\_\_\_

Facility Name: \_\_\_\_\_

Type of setting (circle major one): Outpt Ortho/Acute/SNF/ALF/Rehab Ctr/Pediatrics

Facility Phone Number: \_\_\_\_\_

**Note: In order for this form to be valid, the clinical staff member must place it in a facility letterhead envelope, seal it, and initial the seal in pen. In the absence of a letterhead envelope, please place it in a plain envelope and attach a business card. It is the candidate's responsibility to include the completed form in the application packet mailed to Student Services.**