



PHYSICAL THERAPIST ASSISTANT PROGRAM

Instructions for Job Shadowing Requirement

- The purpose of the clinical observation is to familiarize the applicant with the scope of the Physical Therapy profession and to allow the clinician (either a PT or PTA) an opportunity to provide feedback regarding the applicant.
- Twenty (20) hours of volunteer or work experience in a physical therapy setting are required as part of the application criteria.
 - Of these 20 hours, you will need to have a minimum of 7 hours in an outpatient setting, 7 hours in an inpatient setting, and the remaining 6 hours may be in any physical therapy setting you choose.
 - An outpatient setting is one where the patient is at home but comes for therapy treatments in the facility and may or may not be part of a hospital.
 - The inpatient setting is a hospital setting, such as INTEGRIS Regional Health Center (not a skilled nursing or rehab unit within a nursing home).
- It is the applicant's responsibility to make arrangements with a physical therapy department for this experience, and the school representative does not make these arrangements on your behalf. However, the applicant should direct questions about this experience to the PTA department via email dawn.smathers@neo.edu. Please note: Most facilities require an orientation or time spent with the human resources department.
- Please consider the following that will provide an overall impression to the supervising PT or PTA:
 - Did you arrive as scheduled and stay for the previously agreed amount of time?
 - Was your appearance appropriate & professional as required by the facility?
 - Did you maintain a good attitude of learning during the observation time?
 - Were you attentive & interested in the job shadowing experience?
- A job shadowing experience essay is also included in the application. Please see the Application Essay form for instructions.
- **Please give page 2 of this form to the supervising therapist as soon as you begin your volunteer or job shadowing experience. Provide an envelope for the supervising therapist to seal & sign with this form.**



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Volunteer/ Job Shadowing Verification Form

To the clinician:

Documentation of the applicant's volunteer or job shadowing experience in physical therapy must be completed by the supervising therapist. This applicant will be scored based on completion of the required hours, an essay regarding the job shadowing experience, & attitude/ behaviors noted during the observation. The applicant should provide you with an envelope- please seal and sign the envelope.

Please print in ink or type.

Name of Student Applicant: _____

Name of Physical Therapist/ Physical Therapist Assistant: _____

Facility Name: _____

Indicate the type of setting & number of observation hours completed:

Inpatient/ acute care (minimum of 7 required): _____

Outpatient (minimum of 7 required): _____

Other Setting: _____

Please circle the appropriate descriptor based on your observations. You may choose to add additional comments.

1) Did the applicant arrive as scheduled and stay for the previously agreed amount of time?

YES NO Comments: _____

2) Was the applicant's appearance appropriate and professional as required by the clinical facility?

YES NO Comments: _____

3) Did the applicant maintain a good attitude of learning during the observation time?

YES NO Comments: _____

4) Was the applicant attentive and interested in the job shadowing experience?

YES NO Comments: _____

5) Did the applicant provide you with an envelope to seal & sign with this form?

YES NO Comments: _____

Supervisor's signature: _____