

Clovis Community College PTA Observation Log

Applicant Name _____

May require more than one sheet to log all required hours

***NOTE:** Only hours supervised by a licensed Physical Therapist/Assistant will be considered

Facility Name, Address, and phone number	Date of experience Note: Observation Work Volunteer	Time Beginning and ending time with total number of hours. *Do not include breaks or time with other disciplines*	Setting (OP, Acute, inpatient rehab, nursing home, VA, school, home health, other specify)	Primary Patient Population (Adult, pediatrics, geriatrics, other)	Printed name and Signature PT or PTA observing	License number and state of PT or PTA