

Name: _____

LOUISIANA COLLEGE
Division of Allied Health
Physical Therapist Assistant (PTA) Program

Clinical Observation Form

Applicant's Name _____

As part of the program's admissions process, applicants are required to complete a minimum of 30 hours of observation in two different types of physical therapy settings (minimum of 60 total hours). The clinical settings may include acute care, inpatient rehabilitation, outpatient clinic, and/or a skilled nursing facility. A Clinical Observation Form is to be completed by a licensed physical therapist in each setting in which at least 30 hours of observation are completed.

It is the responsibility of the applicant to contact a physical therapy department to consult with an office representative/administrator regarding a schedule for observations and to inquire about what should be worn to the facility.

Each form should be submitted in the program application packet in a **sealed** envelope with the therapist's signature written across the seal. **Clinical Observation Forms must** be submitted in this manner in order to be considered with the application.

A. Confidentiality Statement (to be completed by the applicant)

As an observer in a physical therapy practice, you will have access to protected health information (PHI). PHI is individually-identifiable information that includes, but is not limited to, patient's name, identification number(s), birth date, treatment dates, and photographs. PHI includes patient information based on examination, test results, diagnoses, responses to treatment, observation, or conversation with patients. It is policy of the Louisiana College PTA Program to keep PHI confidential and secure.

By my signature below I agree to keep PHI confidential. I understand that failure to comply with this policy will affect my applicant status. I understand that the confidentiality and security of PHI is protected through state and federal laws, and that unwarranted disclosure of patient information is in violation of legal authority, and may result in civil and criminal penalties.

Signature of Applicant

Date

B. Verification of Observations (to be completed by the physical therapist with whom observations are completed)

The applicant named above plans to apply for admission to the Louisiana College Physical Therapist Assistant Program and has completed a portion of the required observational experience at your facility. Proper selection of candidates for our program is of significance, not only to our institution but to the public as well, therefore, we ask that you provide us with information related to your interaction with this applicant in your clinic. Thank you for your willingness to assist this student and the Louisiana College Physical Therapist Assistant Program.

This is to verify that _____ (applicant name) visited the physical therapy facility of _____ (facility name) and completed _____ total hours of observation under the direction of _____ (physical therapist name).

Please provide your assessment of this applicant in the space below based on your interactions with him/her in your facility.

	(4) Outstanding	(3) Satisfactory	(2) Needs Improvement	(1) Unsatisfactory	Not Observed
Interpersonal skills					
Motivation/initiative					
Judgment/acts appropriately in clinic					
Dependability/reliability/promptness					
Flexibility/adaptability					

Physical Therapist's comments regarding this applicant: _____

- _____ a) I recommend this applicant for admission without reservation.
- _____ b) I recommend this applicant for admission with reservation.*
- _____ c) I do not recommend this applicant for admission.*

* Please specify reason for reservation or lack of recommendation:

Signature _____ Position/Title _____ P.T. License#/State _____ Date _____

Present Daytime Phone: () _____

This recommendation is to be returned to the applicant in the self-addressed stamped envelope provided by the applicant. Only one (1) therapist per setting, per facility should complete a form for this applicant