

**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 understand that the NOVA PTA Program Admissions staff may contact this physical therapy facility to verify details of my observation.

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____

By signing and returning this form to the applicant, the physical therapist or physical therapist assistant who spent time with the observing candidate for the NOVA PTA Program is verifying that:

- Student was prompt.
- Student's appearance was professional.
- Student's interpersonal skills were appropriate.
- Student displayed interest in/enthusiasm for physical therapy.

Optional Comments: _____

PT/PTA's Name and Title: _____

PT/PTA's Signature _____

Facility Name and Location:

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

Facility Phone Number: _____

Note for Clinicians: The PTA program application process has changed. This form should be returned to the applicant, who will upload it as part of the electronic application. A business envelope is no longer required.