CENTRAL CAROLINA
COMMUNITY COLLEGE

STUDENT EXPERIENCE & OBSERVATION TIPS

The Physical Therapy Assistant program requires that applicants complete a minimum of 20 quality observation hours as part of the admissions process. The goal is for you to see a professional interact with others in the workplace and utilize different skills. If you like what you see, you may know that you are pursuing the right career choice. If you are not comfortable with what you experience, you may wish to consider a different pathway. To make this experience meaningful, some preparation on your part is needed. Hopefully you will find the following tips helpful.

Contact the office for an Observation Opportunity

People generally enjoy talking about their work and being asked for advice if they are approached respectfully. When calling for an observation opportunity, make sure you follow these guidelines:

- Introduce yourself clearly
- Indicate you are calling to schedule an observation as a prospective student at Central Carolina Community College
- Ask for a specific amount of time (20 or more hours) to complete the observation
- Call the day before to confirm your appointment

Attire to wear while completing the observation

It is important to be dressed appropriately for the office you are visiting. Remember, you are a guest in their practice and during client appointments

- Clothing must be clean, and hair must be clean and neat
- Any jewelry should be kept simple and perfume used in moderation (If in doubt, don't)
- No hats, no shorts, and no chewing gum
- Business casual slacks, closed toed shoes, and a nice collared shirt or blouse would be appropriate (Jeans, t-shirts, sleeveless tops and sandals are NOT appropriate)
- Some offices may request that you wear a scrub top and pants

Arriving at the Office

- Arrive for your appointment a few minutes early **(do not be late)**
- Be courteous and friendly
- Have paper and pencil to take notes, and make sure to have good eye contact
- Comply with all worksite safety rules
- Maintain absolute client / patient confidentiality at all times, and after you leave

A few simple questions might include

- What is a typical day in practice like?
- What do you find most enjoyable? Most challenging?
- How did you happen to choose this career?
- What skills are needed to do this job?

Follow-Up

After you leave the observation, make sure to have the employee sign your observation form. Remember to send a "Thank You" note that mentions something of specific value that the person said during the observation or that you learned about the job.

Our faculty and staff are committed to helping you achieve your educational goals. If you need further assistance you may contact the PTA Department Chair, Tiffany Needham, at tneedham@cccc.edu or connect with your Education Navigator.

PHYSICAL THERAPY ASSISTANY PROGRAM
STUDENT EXPERIENCE & OBSERVATION VERIFICATION FORM

As a part of the admissions process into the Physical Therapy Assistant program, students must complete a minimum of 20 observation hours to demonstrate work/volunteer experience in the physical therapy field. These 20+ hours will be completed under the supervision of a licensed Physical Therapist or Physical Therapy Assistant. Exceptions to this policy may be made on a case-by-case basis by the Physical Therapy Assistant Department Chair and the appropriate Academic Dean.

Applicant: (Please Print)

Name: _____

Address: _____

_____

Telephone: _____

Student ID: _____

Physical Therapist/Assistant: (Please print)

Name: _____

License #: _____

Facility Name: _____

Facility Address: _____

_____

Telephone: _____

Approximate date range that hours were completed during (example: 1/1/22 – 3/10/22):

_____

Please Indicate this Applicant's Observation Setting or Patient Type:

Acute Care [ ] Rehab Facility [ ] Skilled Nursing Facility [ ] Outpatient Clinic [ ]
School System [ ] Wellness Center[ ] Sports Medicine [ ] Home Health [ ]
Government Agency [ ] Industrial Medicine [ ] Hospice [ ] Research Center [ ]

Please Evaluate this Applicant Utilizing the Provided Scale:

Arrives on time: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Is motivated; shows interest: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Dressed appropriately; is disciplined: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Ability to communicate: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A
Professional demeanor: [ ] Above Average [ ] Average [ ] Below Average [ ] N/A

OPTIONAL: Please elaborate on any information provided above or feel free to provide any further information you would like to include in consideration of this candidate (please use the back of this form for additional space):

LOG OF OBSERVATION HOURS

Date	*Hours*	*Initials of Supervisor*

I hereby verify that this applicant has met the above requirements and understand that I may be briefly contacted regarding the provided information. Under the Federal Education Rights and Privacy Act of 1974, I understand the student will have access to this form as part of their educational record.

Licensed PT/PTA Signature:_____ Date: _____