

Physical Therapist Assistant Program Hinds Community College
Physical Therapy Observation/Experience Form

Applicant Name: _____ Last 4 digits of SS#: _____

NOTE TO APPLICANT: *All patient information accessed in medical charts, through observation, or in any other manner is completely confidential. Any breach of patient confidentiality during or after your observation time will result in immediate dismissal of your physical therapist assistant program application and may be punishable in a court of law.*

Documented hours of observation should occur under a licensed physical therapist (PT) or physical therapist assistant (PTA) while providing direct patient care. The applicant must have documentation of at least 16 observation hours of direct patient care obtained by observing in at least 2 different settings. Observation hours for the PTA program must be documented by the PT or PTA that was observed. The PT or PTA cannot be a relative of the applicant. Make as many copies of the form as necessary to document observation. Form(s) should be returned to **Pam Chapman** at the address below by the **March 31st deadline**.

Date: _____

This is to verify that _____ observed in the physical therapy
(applicant)

department at _____ from _____ to _____
(clinic) (time) (time)

on _____.
(date)

Signed: _____
(observing therapist)

Thank you for allowing this applicant to observe in your department.

*Pam Chapman, PT, Program Director
Hinds Community College
PTA Program
1750 Chadwick Drive
Jackson, MS 39204*

Patient Confidentiality and Release statement for observing Hinds Community College, Physical Therapist Assistant applicant. Every patient has the right to privacy and confidentiality. I understand that patients or confidential information will not be discussed in public areas such as hallways, elevators, stairwells, cafeterias, or any area where you can be overheard by someone who does not have a need to know this information. I also release _____ of any liability that may be occurred during my observation.

(signature of observing applicant)