



**Athens Technical College  
Physical Therapist Assistant Program**

**Verification of Observation Hours**

This form is to be filled out by the supervising clinician who is a licensed Physical Therapist or licensed Physical Therapist Assistant. Observation hours cannot include personal or family physical therapy visits.

PTA applicant name: \_\_\_\_\_

Facility name: \_\_\_\_\_

Facility address: \_\_\_\_\_

Total number of observation hours: \_\_\_\_\_

Please indicate the total number of observation hours in each of the practice areas.

\_\_\_\_\_ Acute care

\_\_\_\_\_ Outpatient

\_\_\_\_\_ Inpatient rehabilitation

\_\_\_\_\_ Subacute or skilled nursing

\_\_\_\_\_ Home health

\_\_\_\_\_ Pediatrics

\_\_\_\_\_ Specialty area (examples include aquatics, hippotherapy, etc)

Printed name and title of supervising clinician: \_\_\_\_\_

Signature: \_\_\_\_\_

Contact email address or phone number: \_\_\_\_\_

Comments: