

MISSISSIPPI DELTA COMMUNITY COLLEGE
PHYSICAL THERAPIST ASSISTANT PROGRAM

VERIFICATION OF PHYSICAL THERAPY OBSERVATION SUMMARY

Applicant's Name: _____ **MDCC ID#** _____

NOTE TO APPLICANT: During physical therapy observation, all patient information assessed in medical charts and/or discussed or overheard in the clinic is strictly confidential. Any breach of patient confidentiality during or after your observation time will result in immediate dismissal of your PTA program application for admission and may be punishable in a court of law.

Please document observation hours received under the direct guidance of a physical therapist or a physical therapist assistant as they are performing patient care. The program reserves the right to verify these observation hours for accuracy. The applicant must have documentation of at least 20 hours of observation of patient care in at least 2 settings. If an applicant is employed by a facility that offers therapy services, no more than 10 of these observation hours can be obtained from the place of employment. The separate OBSERVATION HOUR forms must be completed, signed, and mailed directly to the college from the observer to the address provided on the form. This form can be mailed by the applicant to the address provided below. Additional documentation of hours above the minimum requirement of 20 may increase the strength of the application (refer to the point rating system in this packet).

Facility/Department	Date of Observation	Does applicant work here?	Signature of PT/PTA who verified hours	Number of hours in observation
Example: XYZ Rehab Clinic- Outpatient	March 1, 2019	No	Carmen Oguz, PT, DPT	10
1.				
2.				
3.				
4.				
5.				
6.				

Total number of hours in observation: _____ hours

Applicant: Mail this form by March 1st to: Wendy Hayes, Division of Health Sciences
Mississippi Delta Community College
P.O. Box 668
Moorhead, MS 38761