

Applicant: Upload this completed form during the online application process.

OZARKS TECHNICAL COMMUNITY COLLEGE

Physical Therapist Assistant Program

Clinical Observation Form

A. Confidentiality Statement (to be completed by the applicant)

Applicant's Name _____

Address: _____ City/State/Zip _____

As part of the admissions process, Physical Therapist Assistant Program applicants are required to spend 20 hours of observation in at least two different physical therapy settings, (ten hours in each). Settings may include acute care hospital, inpatient rehabilitation, outpatient clinic, and/or skilled nursing facility.

Please call a physical therapy department and make arrangements with the office representative for a convenient time. Please ask the office representative what you should wear.

As observers in a physical therapy practice, you will have access to protected health information (PHI). PHI is individually identifiable information that includes, but is not limited to, patient's name, identification number(s), birth date, treatment dates, and photographs. PHI includes patient information based on examination, test results, diagnoses, and responses to treatment, observation, or conversation with patients. It is the policy of the OTC Physical Therapist Assistant Program to keep PHI confidential and secure.

BY MY SIGNATURE BELOW I agree to keep PHI confidential. I understand that failure to comply with this policy will affect my applicant status. I understand that the confidentiality and security of PHI is protected through state and federal laws, and that unwarranted disclosure of patient information is in violation of legal authority and may result in civil and criminal penalties.

Signature of Applicant Date

B. Verification (to be completed by the physical therapist or physical therapist assistant)

As part of the admissions process, Physical Therapist Assistant Program applicants are required to spend 20 hours of observation in at least two different physical therapy settings (ten hours in each). Thank you for your willingness to assist these students and the Physical Therapist Assistant Program at Ozarks Technical Community College.

This is to verify that _____ (applicant name) visited the physical therapy office of _____

Check which applies: Inpatient Facility _____ Outpatient Facility _____

Date/Time of observation _____ Total hours in this clinic _____

Physical Therapist or Physical Therapist Assistant comments: _____

Signature - Physical Therapist or Physical Therapist Assistant Date

Note: Additional Comments can be written on the back of this sheet