

## **CLINIC OBSERVATION LOG**

EXPECTATION FOR OBSERVATION LOG

The applicant will accumulate a minimum of 30 hours of active observation of physical therapy treatment to complete his/her application to the PTA Program. If the applicant completes 60 hours of observation, 3 points will be added to the applicant's application score. If the applicant completes 80 hours of observation, 5 points will be added to the applicant oscore. Also, if the applicant observes for more than 30 hours, one point will be added to the applicant's applicant's application score for each different facility/setting at which the applicant observes.

INSTRUCTIONS FOR COMPLETION					
APPLICANT :	<ul> <li>For each episode of observation, complete the following fields of the chart below: <ul> <li>"Facility": where the observation was done</li> <li>"Phone Number (of facility)": facility's phone number</li> <li>"Type of Setting": what type of setting the facility is (outpatient, hospital, inpatient rehab, skilled nursing, home health, pediatrics)</li> <li>"Date and Time of Observation": date and time of the episode of observation</li> <li>"Hours Observed": total time of observation for that episode (in hours, i.e. 1 hour = "1.0", 100 minutes = "1.67")</li> <li>"Description of Observation": description of what was observed that episode (knee replacement exercises, soft tissue mobilization, stroke rehab, etc.)</li> </ul> </li> </ul>				
CLINICIAN :	Verify that the applicant has actively observed treatment provided by entering your name and credentials for each verified episode.				

## **Applicant Name :**

## TOTAL HOURS OBSERVED and VERIFIED :

Facility	Phone Number (of facility)	Type of Setting	Date and Time of Observation	Description of Observation (patient problems, treatment techniques)	Signature of Clinician

Phone Number (of facility)	Type of Setting	Date and Time of Observation	Hours Observed	Description of Observation (patient problems, treatment techniques)	Signature of Clinician
	Phone Number (of facility)           Image: Control of the second	Phone Number (of facility)       Type of Setting         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I       I         I <t< td=""><td>Phone Number (of facility)       Type of Setting       Date and Time of Observation         Image: Ima</td><td>Phone Number (of facility)Type of SettingDate and Time of ObservationHours ObservedIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII</td><td>Phone Number (of facility)Type of SettingDour of ObservationDescription of Observation (patient) problems, treatment techniques)Image: Image: Image:</td></t<>	Phone Number (of facility)       Type of Setting       Date and Time of Observation         Image: Ima	Phone Number (of facility)Type of SettingDate and Time of ObservationHours ObservedIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Phone Number (of facility)Type of SettingDour of ObservationDescription of Observation (patient) problems, treatment techniques)Image: Image:

Facility	Phone Number (of facility)	Type of Setting	Date and Time of Observation	Hours Observed	Description of Observation (patient problems, treatment techniques)	Signature of Clinician
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