

PHYSICAL THERAPIST ASSISTANT PROGRAM OBSERVATION/VOLUNTEER FORM

Blue Ridge Community & Technical College

You are required to complete a minimum of 20 volunteer/observation hours divided between at least 2 distinctly different physical therapy practice settings. **This form must come directly from the clinician to the program. It can be faxed or mailed, using the information below.**

Blue Ridge Community and Technical College Fax: 304-260-1296
 ATTN: PTA program
 5550 Winchester Ave Box #7
 Martinsburg, WV 25405

DATE	HOURS (EX: 8am-4pm)	TOTAL # OF HOURS

Please have this section completed and signed by a PT or PTA.

- | | | |
|---|-----|----|
| Student introduces themselves appropriately | Yes | No |
| Student listens attentively | Yes | No |
| Student asks appropriate questions | Yes | No |
| Student arrives on time and is prepared to begin | Yes | No |
| Student respects confidentiality | Yes | No |
| Student converses appropriately with staff and patients | Yes | No |
| Student keeps phone on silent and uses it appropriately | Yes | No |
| Student dresses in a professional manner | Yes | No |
| Student uses professional behaviors at all times | Yes | No |
| Do you recommend this student for the Blue Ridge PTA program? | Yes | No |

Comments:

Applicant name: _____

Clinic Name: _____

PT or PTA: _____

Signature

Printed name