



PTA PROGRAM OBSERVATION FORM

Applicants should print this observation form and log observation hours to provide to each supervising PT/PTA. Additional forms are available online at Maysville Community and Technical College PTA Program website. Applicants need to sign the ***FERPA waiver** below before giving the observation form to the clinician. This will allow the supervising PT/PTA to mail the observation form directly to the PTA program for admissions purposes only. It is the applicant's responsibility to follow the facility's requirements, policies, and procedures.

Student Waiver of FERPA: *The Family Educational Rights and Privacy Act (FERPA) of 1974 is a Federal law that protects the privacy of student education records. By signing this waiver, the applicant will allow this reference to be read by the PTA Program Admission Committee. The information that is provided from the supervising PT/PTA will be used in a confidential manner for the sole purpose of applying to the PTA program at Maysville Community and Technical College.*

Printed Applicant's Name: _____ **Student ID:** _____

Applicant's Signature: _____ **Date:** _____

***Applicants need to provide a pre-addressed envelope with postage to the PT/ PTA for mailing the observation forms directly to Maysville Community and Technical College:**

Maysville Community & Technical College
PTA Program
201 Calk Avenue
Mt. Sterling, KY. 40353
859-499-6282 ext. 66509

Once the above waiver is signed, the PT/PTA completing this observation form should confirm the observation log hours and complete the evaluation of applicant's performance.

Graduation from a physical therapist assistant education program accredited by the Commission on Accreditation in Physical Therapy Education (CAPTE), 1111 North Fairfax Street, Alexandria, VA 22314; phone; 703-706-3245; accreditation@apta.org is necessary for eligibility to sit for the licensure examination, which is required in all states. Maysville Community and Technical College is seeking accreditation of a new physical therapist assistant education program from CAPTE. The program is planning to submit an Application for Candidacy, which is the formal application required in the pre-accreditation stage, on June 1, 2020. Submission of this document does not assure that the program will be granted Candidate for Accreditation status. Achievement of Candidate for Accreditation status is required prior to implementation of the [professional/technical] phase of the program; therefore, no students may be enrolled in [professional/technical] courses until Candidate for Accreditation status has been achieved. Further, though achievement of Candidate for Accreditation status signifies satisfactory progress toward accreditation, it does not assure that the program will be granted accreditation.



Applicant's Name: _____

Observation Hours Log:

Date	Hours Completed	Date	Hours Completed
		Total Number of Hours:	

Evaluation of Applicant's Performance

SKILLS	Good	Average	Poor
PROFESSIONALISM <ul style="list-style-type: none"> Exhibited professional image Demonstrated respect Exhibited responsibility and was timely Maintained professional demeanor 			
COMMUNICATION <ul style="list-style-type: none"> Interacted with supervising PT/PTA Interacted with staff and patients 			
COMMITMENT TO LEARNING <ul style="list-style-type: none"> Communicated interest in therapy Engaged in clinical environment/treatment for learning opportunities Demonstrated willingness to learn 			

Would you recommend this Applicant for the PTA program (circle one): YES NO

Did you have any relationship with this applicant prior to observation: YES NO

If yes, in what manner? (friend, family, etc.) _____

Please provide comments as needed: (Attach additional pages or write on back as needed)

Please sign the completed form and mail the form to **Maysville Community and Technical College**.

PT or PTA Name (print): _____ **Signature:** _____

Title: _____ **PT/PTA Contact Number:** _____

License Number: _____ **Setting (i.e. SNF, OP, or IP):** _____

Facility Name: _____

On behalf of MCTC, thank you for your generosity in allowing applicants to observe at your clinical setting. Please return the completed form in the provided pre-addressed, stamped envelope provided by the applicant.