



**MIAMI DADE COLLEGE
SCHOOL OF HEALTH SCIENCES
PHYSICAL THERAPIST ASSISTANT PROGRAM
OBSERVATION HOURS FORM**

Applicant information

Student Name (please print clearly): _____

MDC ID #: _____

Mailing Address: _____

Telephone: _____

Supervising Facility Information

Name: _____

Address: _____

Phone number: _____

Number of hours completed by the applicant at this facility: _____

***minimum of 25 hours is required**

Verified by PT/PTA:

Print Name: _____

License number: _____

Signature: _____ **Date:** _____

Comments (optional): _____

***This form must be submitted with your application to the MDC PTA program by September 1st. *If employed as a PT Tech, a minimum of six months of work experience is required in lieu of volunteer hours.**

Please keep a copy of this form for electronic submission if accepted in the program.