

**Physical Therapist Assistant Program**

**Hinds Community College**

**Physical Therapy Observation/Experience Form**

Applicant Name: \_\_\_\_\_

Last 4 digits of SS#: \_\_\_\_\_

**NOTE TO APPLICANT:** *All patient information accessed in medical charts, through observation, or in any other manner is completely confidential. Any breach of patient confidentiality during or after your observation time will result in immediate dismissal of your physical therapist assistant program application and may be punishable in a court of law.*

Documented hours of observation should occur under a licensed physical therapist (PT) or physical therapist assistant (PTA) while they are providing direct patient care. Observation hours for the PTA program must be documented by the PT or PTA that was observed. The PT or PTA cannot be a relative of the applicant. Make as many copies of the form as necessary to document observation. Form(s) should be returned to **Melinda Roberson** at the address below by the **March 31st deadline.**

**Date:** \_\_\_\_\_

**This is to verify that** \_\_\_\_\_ **observed in the physical**  
(applicant)

**therapy department at** \_\_\_\_\_ **from** \_\_\_\_\_ **to** \_\_\_\_\_  
(clinic) (time) (time)

**on** \_\_\_\_\_  
(date)

**Signed:** \_\_\_\_\_  
(observing therapist)

*Thank you for allowing this applicant to observe in your department.*

*Melinda Roberson, DPT, Program Director  
Hinds Community College  
PTA Program  
1750 Chadwick Drive  
Jackson, MS 39204*

**Patient Confidentiality and Release statement for observing Hinds Community College, Physical Therapist Assistant applicant.** Every patient has the right to privacy and confidentiality. I understand that patients or confidential information will not be discussed in public areas such as hallways, elevators, stairwells, cafeterias, or any area where you can be overheard by someone who does not have a need to know this information. I also release \_\_\_\_\_ of any liability that may be occurred during my observation.

\_\_\_\_\_  
(signature of observing applicant)