



**PHYSICAL THERAPIST ASSISTANT PROGRAM**  
**2018 PRE-ADMISSION OBSERVATION FORM**

Submit this completed document and essay by fax\* or mail to:  
 SUNY Orange  
 Office of Admissions  
 115 South St  
 Middletown, NY 10940  
 \*Fax: 845-342-8662

This form must be filled out by students wishing to be considered for entry into the Physical Therapist Assistant Program and **must be returned to the Admissions Office by the application deadline (February 1, 2018)**

1. NAME:  Mr  Ms \_\_\_\_\_  
 First Middle Last
2. YOUR STUDENT ID# (if known): A \_\_\_\_\_ 3. DATE OF BIRTH: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
4. MAILING ADDRESS: \_\_\_\_\_  
 Number and Street City State Zip Code
5. TELEPHONE: \_\_\_\_\_ 6. E-MAIL: \_\_\_\_\_

The above named student will be applying to be considered for entry into the SUNY Orange Physical Therapist Program for August. A pre-entrance requirement is the **completion of 48 hours (minimum)**. There are two (2) options:

OPTION 1: Observation in a skilled nursing home or acute care hospital for the full 48 hour minimum

OPTION 2: One 24 – hour period in a skilled nursing home or acute care hospital

**and**

A second 24 – hour period in an area of the student's choice

**\*each observational experience should be completed in 8 hours work days/intervals\***

Your assistance in documenting the student's observation in your setting is greatly appreciated. Please fill in the requested information below and sign the form.

Thank you,  
 PTA Faculty

<i>Date of Observation(s)</i>	<i>Hours in Attendance</i>	<i>Facility Observed</i>	<i>Signature of PT Practitioner</i>

**Note to Applicant:** In addition to the submission of this form, **you must provide** a two-page typed essay describing your two observations. In this essay, please discuss not only what you saw, but also your impressions of the career field and how and where you see yourself in the field. Make sure to write your A# or date of birth on your essay or any attached documents.