PHYSICAL THERAPIST ASSISTANT PROGRAM

PRE-ADMISSION OBSERVATION FORM

Submit this completed document and essay by fax* or mail to:
Dr. Maria Masker, PT
SUNY Orange
Physical Therapist Assistant Department
115 South Street
Middletown, NY 10940
*Fax: 845-341-4799

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.

1. NAME: ____________________________________________________________
   First                     Middle                     Last

2. YOUR STUDENT ID# (if known): A __________________________ 3. DATE OF BIRTH: Month _____ Day _____ Year _____

The above named student will be applying to be considered for entry into the Orange County Community College Physical Therapist Program for September. A pre-entrance requirement is the completion of 16 hours (minimum). There are two (2) options:

OPTION 1: observation in a skilled nursing home or acute care hospital for the full 16 hour minimum

OPTION 2: one 8–hour day in a skilled nursing home or acute care hospital

and

a second 8–hour day in an area of the student's choice.

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

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<tr>
<th>Date of Observation(s)</th>
<th>Hours in Attendance</th>
<th>Facility Observed</th>
<th>Signature of PT Practitioner</th>
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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 you see yourself in the field. Make sure to write your A# or date of birth on your essay or any attached documents.