

PHYSICAL THERAPIST ASSISTANT PROGRAM

2020 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, 2020)

1. <u>NAME</u> ; □	Mr. Ms				
<u></u>	First	Middle		Last	
2. YOUR STU	DENT ID# (if known): A	3. <u>DATE OF BIRTH:</u>	Month	Day	Year
4. MAILING					
	Number and Street	City		State	Zip Code
5. TELEPHO	<u>NE</u> :	6. E-MAIL:			
A pre-entran OPTION 1: OPTION 2:	Observation in a skilled nursing home 24 – hour period in a skilled	f 48 hours (minimum). There are two (ome or acute care hospital for the full 4 nursing home or acute care hospital	•	um	
	and A second 24 – hour period in an a *each observational experience	rea of the student's choice should be completed in 8 hours work	days/interva	ıls*	
Your assistant below and si		servation in your setting is greatly appro	eciated. Pleas	e fill in the re	quested information
Thank you,					

PTA Faculty

	Hours in		Signature of
Observation(s)	Attendance	Observed	PT Practitioner

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.

Rev. 05-28-2019