SUNY ORANGE

PHYSICAL THERAPIST ASSISTANT PROGRAM

2026 PRE-ADMISSION OBSERVATION FORM

Submit this completed via email to: apply@sunyorange.edu.

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, 2026)**

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
&
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.

PTA Faculty

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

Notes 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 you're A# or date of birth on your essay or any attached documents.