Miami Dade College
Medical Campus

MIAMI DADE COLLEGE
SCHOOL OF HEALTH SCIENCES
PHYSICAL THERAPIST ASSISTANT PROGRAM
OBSERVATION HOURS FORM

Applicant information

Student Name (please print clearly): _____

MDC ID #: _____

Mailing Address: _____

_____

Telephone: _____

Supervising Facility Information
Name: _____
Address: _____
Phone number: _____
Number of hours completed by the applicant at this facility: _____

***minimum of 25 hours is required**

Verified by PT/PTA:
Print Name: _____

License number: _____

Signature: _____ Date: _____

Comments (optional): _____

_____

_____

This form must be submitted to Roxanne Alexis, Student Services Assistant to ralexis@mdc.edu **by June 15th** as part of the request for milestone review (application) for the MDC PTA program. The hours may be completed in any state in the USA with a licensed Physical Therapist (PT) or licensed Physical Therapist Assistant (PTA)

*If employed as a PT Tech, a minimum of six months of work experience is required in lieu of volunteer hours.

Please keep a copy of this form.