

## Observation Hours Information

Eight (8) hours of observation are required prior to application for admission into the Physical Therapist Assistant (PTA) Program at Mohave Community College. Additional points awarded for students completing 10 or more observation hours. Observation hours need to be with a variety of facilities. Examples include, skilled nursing facility, out-patient facility, physical therapy clinic, and/or hospital. This recommendation ensures the applicant has done career exploration in the field. Additionally, the program wants to be reasonably certain that students entering the program are committed to this career goal. The applicant should expect that the majority of facilities allow volunteers “observation only” of physical therapy practice. “Hands on” experience is not allowed in most facilities.

It is the responsibility of the student to arrange for observation hours and/or to certify work experience gained in the field. Facilities may have a waiting list for volunteers and may have limited hours in which volunteers can be accommodated. Allow several weeks to find a facility or facilities when you plan to complete the observation hours. A list of local facilities has been included in the packet for your convenience; however observation hours can be completed at any facility with a rehabilitation department and a supervising Physical Therapist.

### INSTRUCTIONS TO THE APPLICANT

Only DIRECT observation in PHYSICAL THERAPY will satisfy the prerequisite requirement. Observation must have occurred within the past two years. Make additional copies of this form if your observation hours have been performed in more than one facility. A separate form should be provided to each facility.

Appropriate dress is recommended. Closed toed shoes, slacks (khakis are acceptable), polo-type or similar shirt. Please do not wear sandals, halters, shorts, jeans, capris or any tight fitting clothing. Undergarments should not be seen. Long hair should be pulled back, minimal jewelry, and nails must be clean and fingertip length. Perfume, cologne and visible tattoos should be minimal. The facility has the right to turn you away for inappropriate appearance.

## Observation Hours Locations (8 HOURS REQUIRED)

**Please call ahead.** Each facility has different requirements for job shadowing. Ask for either the volunteer office or the physical therapy department to schedule job shadowing. Be aware it does take extra time to arrange hours at some facilities. Immunization may be required prior to observation at some sites. This list is not conclusive of all rehab facilities in the tristate area.

**Observation hours can be completed with any facility that has a rehabilitation department with a Physical Therapist or a Physical Therapist Assistant.**

### ARIZONA

Havasu Regional Medical Center	LHC	IP/OP	928-453-0411
Lakeside Physical Therapy & Rehab.	LHC	Outpatient	928-855-4248
PRO Therapy	LHC	Outpatient	928-854-4776
TruRehab	LHC	Outpatient	928-453-0501
Valley View Medical Center	Ft. Mohave	IP/OP	928-788-3604
Palo Verde Physical Therapy	Bullhead City	Outpatient	928-758-0029
Western Arizona Regional Medical Center	Bullhead City	IP/OP	928-763-0252
River Gardens	Bullhead City	Inpatient	928-763-8700
Deering Physical & Occupational Therapy	Kingman	Outpatient	928-753-4263
Kingman Regional Medical Center	Kingman	IP/OP	928-692-4635
Physiotherapy Associates	Kingman	Outpatient	928-757-1211
Gardens Care Center	Kingman	Inpatient	928-718-0718
FYZICAL Therapy and Balance Centers	Bullhead City	Outpatient	928-763-0807
Havasu Nursing Center	Lake Havasu City	Inpatient	928-453-1500

**IP/OP = Facility has inpatient and outpatient available**

## Observation Hours Verification Form

STUDENT NAME \_\_\_\_\_

**Note to Supervisor:** *The above named student is performing this task in anticipation of enrolling in the PTA program at Mohave Community College. Thank you for your support.*

The physical therapy volunteer/observation certified on this form can best be described as occurring in the following setting:

**\*NOTE:** A total of eight (8) hours is required from a variety of settings. A (\*) denotes site is acceptable as an inpatient setting. If several types of experiences were provided at one facility, please specify the number of hours spent in each type of experience.

<u>HOURS</u>	<u>SIGNATURE/LICENSE #</u>	<u>NAME OF FACILITY</u>
_____ Acute Care Hospital*	_____	_____
_____ Rehab Unit (Hospital Based)*	_____	_____
_____ Rehab Unit (Free Standing) *	_____	_____
_____ Outpatient Services (Hospital Based)	_____	_____
_____ Private Practice	_____	_____
_____ Sports Medicine	_____	_____
_____ Extended Care Facility (NH/SNF)*	_____	_____
_____ Industrial Injury Rehabilitation Clinic	_____	_____
_____ Home care	_____	_____
_____ Pediatric Care	_____	_____
_____ School Based Physical Therapy	_____	_____
_____ Cardiac Rehabilitation	_____	_____
_____ Other (Please specify)	_____	_____

**INSTRUCTIONS TO SUPERVISOR:** Please sign on the line for the setting where you supervised the student's hours. Please contact the PTA Program Director at Mohave Community College, with any questions or concerns about this experience (928-505-3347).

**INSTRUCTIONS TO STUDENT:** Please submit this form with your application paperwork. A PreCheck background check may be required by the facility prior to completion of the observation hours.