



Health Programs
Perdue Hall
800 College Court
New Bern, NC 28562
252-638-1168
(Fax) 252-638-4795
www.cravenc.edu

PTA Program Observation Hours Verification Form

The Physical Therapy Assistant (PTA) Program at Craven Community College requires applicants to obtain at least 16 hours of observation in two separate settings (8 hours in each setting), as a volunteer, with a licensed Physical Therapist or PTA, within the date range of February 1st through May 31st.

Upon completing this form, the PT/PTA that was observed must place it in a sealed envelope with their signature across the seal. Applicant is to return the sealed envelope to the: Brittany Ipock, Admissions & Advising Coordinator – Health Programs, 800 College Court, Perdue Hall Room 101G, New Bern, NC 28562, no later than May 31st.

Following observation, the applicant is to write a 250 - 500 word reflection discussing the interaction between the PTA/ PT and the patients they were treating. What treatments did you observe? Did you observe any alterations in treatment from one patient to another? How did you feel when you saw a positive interaction between the clinician and a patient? Once your reflection is complete, place it in a separate envelope from the signed verification form envelope. Submit the two envelopes together prior to the deadline. Forms must be received by Health Programs no later than May 31st.

Applicant Name: Student ID #:
Email: Applicant Phone #:

Name of Facility:
Address of Facility:
City: State: Zip code:
Phone # of Facility:
Name of clinician observed:
Credentials of clinician observed:
State and license # (to be kept confidential):
Email:

- PT setting where observation occurred (choose TWO different settings):
Acute Care Outpatient Clinic (Private Practice)
Rehab/Sub Acute Rehab School/Pre-School
Extended Care Facility/Nursing Home Wellness/Prevention/Fitness
Skilled Nursing Facility Industrial/Occupational Health
Home Health Other (please specify):

Dates and times of observation:
Date: Time in: Time out:
Date: Time in: Time out:
Date: Time in: Time out:
Date: Time in: Time out:
Date: Time in: Time out:

Signature of Licensed PT/PTA Date

Updated 2.6.2025