



Indian River State College

Physical Therapy– Observation / Experience Form

Print Clearly

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ STUDENT ID#: _____

OBSERVATION Hours at a Physical Therapy Setting – a minimum of 30 hours is required

FACILITY	DATE/TIME SPENT	Total Hours	PT or PTA Signature	PT/PTA license #
Ex: Innovative PT	10/25/2025 8 am-1 pm	5	<i>Oscar Wilde, DPT</i>	PT-12345

TOTAL Observation Hours completed: _____

PAID Employment as Rehab Aide or PT Tech:

Facility: _____ Supervisor: _____

Length of employment: _____ Contact Info: _____

I attest that I completed the observation hours as indicated on this form. I also agree to write a reflective essay as required for the PTA program application at Indian River State College.

Signature: _____

BOTH THE EXPERIENCE FORM AND THE REFLECTIVE ESSAY MUST BE UPLOADED TO THE APPLICATION PORTAL