



## Physical Therapist Assistant Program Observation Verification

Thank you for allowing our prospective student the opportunity to observe you!  
Please complete the information listed below including any notes you feel may be beneficial when the Enrollment and Physical Therapist Assistant departments are evaluating this candidate for acceptance.

I, \_\_\_\_\_ verify that \_\_\_\_\_  
(Physical Therapist/Physical Therapist Assistant) (Johnson College Applicant)

observed at \_\_\_\_\_ for \_\_\_\_\_ hours.  
(Physical Therapy Clinic) (number)

\*Please distinguish if your clinic is an outpatient or inpatient setting.

Physical Therapist/Physical Therapist Assistant Notes:

\_\_\_\_\_  
Physical Therapist/Physical Therapist Assistant Signature

\_\_\_\_\_  
Date

Once completed please fax to 570-348-2181 ATTN: Enrollment or email [enroll@johnson.edu](mailto:enroll@johnson.edu) as an attachment.