



3801 S. Central Avenue | Cicero, Illinois 60804 | p: (708) 656-8000 | Morton.edu

Dear Physical Therapy Program Director:

The person presenting this letter to you is requesting an observation experience in your physical therapy department to complete a requirement for admission into the Morton College Physical Therapist Assistant Program. Student applicants are expected to earn a total of twenty (20) hours of observation time with a **PT or PTA** prior to being accepted into the program (inpatient and outpatient). They must complete their observation in a minimum of two different PT Settings by February 1, 2021. I would appreciate any time that your department or clinic can allow the applicant in this activity.

Please verify that the student/candidate has fulfilled their observation hours by completing the Morton College PTA Program Record of Observation Hours. **Please include your professional credentials with your signature.** The facility information at the bottom of the page is needed for verification purposes only. We will not contact you regarding student affiliations unless you mark "yes" in the indicated lines.

If there are any further questions, please contact me at (708) 656-8000 ext. 2380. If you would like more information regarding the Morton College PTA program's clinical education please contact the ACCE at 708-656-8000 ext. 2291.

Thank you for allowing this PTA candidate to observe with your staff.

Sincerely,

*Ali Jehrke, PT, DPT*

Morton College PTA Program Director



3801 S. Central Avenue | Cicero, Illinois 60804 | p: (708) 656-8000 | Morton.edu

### Morton College Fall 2021 PTA Program Record of Observation Hours

Student's Name: \_\_\_\_\_

**INCOMPLETE FORMS WILL NOT BE ACCEPTED.  
OBSERVATION MUST BE CONDUCTED WITH A LICENSED PT/PTA.**

Date MM/DD/YY	Hours observed	Type of facility (Inpatient, rehab, SNF, OP, etc.)	Clinician (printed name)	Clinician's Signature <b><u>AND</u></b> <b>professional credentials</b>

Facility Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_

Do you presently have student affiliations at your clinic?      Yes      No

If not, are you interested in starting a student affiliation with Morton College?      Yes      No

REV: 8/2020

