



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 10 hours (preferably 20 hours with 10 inpatient and 10 outpatient) of observation time with a **Physical Therapist (PT) or Physical Therapist Assistant (PTA)** prior to being accepted into the program. Observation hours must be completed by February 2, 2024. 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 Academic Coordinator of Clinical Education (ACCE) at 708-656-8000 ext. 2267.

Thank you for allowing this Morton College Student Physical Therapist Assistant candidate to observe with your staff.

Sincerely,

Cara Bonick

Director of Physical Therapist Assistant Program



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Morton College PTA Program Record of Observation Hours

Student's Name: _____

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

NOTE: If you are completing your hours at several sites, please complete one form per site.

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

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





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