



Physical Therapist Assistant Program Applicant Facility Visitation

Name of Applicant _____
LAST (FAMILY) FIRST

Address of Applicant _____
STREET CITY STATE ZIP CODE

Name of Facility _____ Date _____

Address of Facility _____
STREET CITY STATE ZIP CODE

Phone number of Facility _____

Call a hospital or physical therapy facility near your home and make an appointment to observe at the facility for 10 hours. Write your observations in the space below. You may use additional paper if needed.

Observations made: _____

Please return completed form to:
Danielle Cargo, Office of Admission and Enrollment Management
Oakton Community College, 1600 E. Golf Road, Des Plaines, IL 60016