Oakton Community College

Enrollment Center
1600 E. Golf Rd., Des Plaines, IL 60016, 847-635-1700, Fax 847-635-1706

Physical Therapist Assistant Program
Applicant Facility Observation

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 other physical therapy clinical facility near your home and make an appointment to observe at the facility for 10 hours. You are expected to observe both a PT and PTA, spending half of your time with a PTA. Using the space below, describe your observations and relate them to your career expectations and goals. You may use additional paper if needed.

Observations made: _____

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Please return completed form to:
Oakton Community College, Enrollment Center, 1600 East Golf Road, Des Plaines, IL 60016