

Dear _____,

Thank you for allowing me to observe/volunteer or work in your facility to meet the clinical observation requirement of the BPCCC PTA Program application process. I am leaving this COPY of my observation log with you. At your earliest convenience, please rate my performance by following the link below to an electronic Clinical Observation Rating Form (CORF). This form will deliver your comments to the PTA admissions committee and become a mandatory component of my clinical application packet:
https://www.surveymonkey.com/r/2024PTA_CORF

Thank you again for your time.
Sincerely,

Clinical Observation Log Sheet

PT Clinic/ Facility Name:			
Therapist/PTA Supervisor Name:			
PTA Applicant Name:			
Volunteer/Observation or Work Hours Completed			
Date	Time In	Time Out	Total
Page total (volunteer hours)			