

AUBURN UNIVERSITY PHYSICAL THERAPY

OBSERVATION HOURS VERIFICATION FORM



At the time of application, a documented minimum of 100 clinical observation hours within the past two years is required. These hours must occur under the supervision of a U.S. licensed physical therapist. Students must have observation experience in multiple physical therapy practice settings.

APPLICANT VERIFICATION *(to be completed by the applicant)*

Name of Applicant: _____

Name of Facility: _____

Street Address for Facility: _____

City: _____ **State:** _____ **Zip/Postal Code:** _____

Country: _____

Type of Experience: ☐ Inpatient ☐ Outpatient

Physical Therapy Settings:

☐ Acute Care ☐ Outpatient Clinic (Private Practice)

☐ Sub Acute Rehab ☐ School, Pre-School

☐ Extended Care Facility, Nursing Home, Skilled Nursing Facility ☐ Wellness, Prevention, Fitness

☐ Industrial, Occupational Health

☐ Other (describe): _____

Physical Therapy Speciality Area(s) Observed and Hours of Experience in Each Area:

☐ Cardiovascular and Pulmonary Hrs: _____ ☐ Orthopedics Hrs: _____

☐ Clinical Electrophysiology Hrs: _____ ☐ Pediatrics Hrs: _____

☐ Geriatrics Hrs: _____ ☐ Sports Hrs: _____

☐ Neurology Hrs: _____ ☐ Women's Health Hrs: _____

☐ Other (describe): _____

Total Number of Hours: _____ **Start Date:** _____ **End Date:** _____

PHYSICAL THERAPIST VERIFICATION *(to be completed by the supervising physical therapist)*

Name of Physical Therapist: _____

PT License Number: _____ **State of PT License:** _____

PT Email: _____ **PT Phone Number:** _____

Applicant also requested physical therapist to submit a letter of recommendation? ☐ Yes ☐ No

Please sign below to attest that the information provided above is accurate.

PHYSICAL THERAPIST SIGNATURE

DATE