AUBURN UNIVERSITY PHYSICAL THERAPY

OBSERVATION HOURS VERIFICATION FORM

At the time of application, a documented minimum of 100 clincial observation hours within the past two years is required. These hours must occur under the supervision of a U.S. licensed physical therapist. Students mut 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

☐ Sub Acute Rehab

☐ Extended Care Facility, Nursing Home, Skilled Nursing Facility

☐ Industrial, Occupational Health

☐ Outpatient Clinic (Private Practice)

☐ School, Pre-School

☐ Wellness, Prevention, Fitness

☐ Other (describe):_______________

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

☐ Cardiovascular and Pulmonary Hrs:__________

☐ Clinical Electrophysiology Hrs:__________

☐ Geriatrics Hrs:__________

☐ Neurology Hrs:__________

☐ Orthopedics Hrs:__________

☐ Pediatrics Hrs:__________

☐ Sports 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*