



### Documentation of Physical Therapy Observation Experience

Please use one (1) form for each Clinical Setting.

Applicant Name: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_

Supervisor Phone Number: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Dates of Work/Volunteer Experience: From \_\_\_\_\_ to \_\_\_\_\_

Applicant Position (observer, tech, aide, etc.): \_\_\_\_\_

Total Hours Worked\*: \_\_\_\_\_ Total Hours Observed\*: \_\_\_\_\_

**\*NOTE: Only hours supervised by a licensed physical therapist will be considered.**

Type of Setting (select one):

- Inpatient Hospital
- Inpatient Rehab Center
- Outpatient
- Nursing Home
- School Setting
- Other (specify) \_\_\_\_\_

Primary Patient Population (select one):

- Adult
- Pediatrics
- Geriatrics
- Other (specify) \_\_\_\_\_

Brief description of applicant experience (i.e. sports medicine, burn care, neurology, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Licensed Physical Therapist

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number