



Doctor of Physical Therapy Program

Department of Physical Therapy

1320 W. Lombard Street

Davenport, IA 52804

563/333-6403

pt@sau.edu • www.sau.edu/pt

Documentation of Physical Therapy

Clinical Observation Hours

Please type in form, print, and take to therapist to sign before returning to St. Ambrose University Physical Therapy Department.

This is to verify that

APPLICANT NAME

Has observed a licensed physical therapist in the practice setting as noted. PTA observation cannot be included.

Facility Name:

Address:

Phone:

Physical Therapist's E-mail

Name(s) of **physical therapist**(s) observed

Indicate practice setting and specialty area where you observed (check all that apply):

Practice Setting Completed Hours

Specialty Area

Inpatient Setting and Hours

- Acute Care: hours =
- Inpatient rehabilitation: hours =
- Nursing home/skilled care: hours =
- Other Inpatient: hours =

- Orthopedic
- General medical / surgical
- Neurological
- Cardiopulmonary
- Wounds / skin
- Geriatrics
- Pediatrics
- Sports medicine
- Aquatic
- Women's health
- Other (specify):

Outpatient

- Free-standing PT Clinic: hours =
- School system: hours =
- Wellness/fitness center: hours =
- Industrial/work fitness: hours =
- Home health care: hours =
- Other Outpatient: hours =

During the dates of:

I verify that the above information is accurate.

Physical Therapist's or Supervisor Signature _____ Date _____

Student Signature _____ Date _____