



OBSERVATION HOURS

NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE

Type of Facility: **ACUTE**

(Includes hospital-based inpatients and wound care)

Signature of Supervisor: to include BOTH printed name with credentials & signature

Work Experience: See 'Instructions for Application'

Name of Facility	Date	Time		Total # Hours	SIGNATURE OF SUPERVISOR	
					1) Printed name w/ credentials	2) Signature
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
TOTAL # OF HOURS						

Applicant's Name _____



OBSERVATION HOURS

NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE

Type of Facility: **REHAB UNIT OR FACILITY**

Signature of Supervisor: to include BOTH printed name with credentials & signature

Work Experience: See 'Instructions for Application'

Name of Facility	Date	Time		Total # Hours	SIGNATURE OF SUPERVISOR	
					1) Printed name w/ credentials	
					2) Signature	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
TOTAL # OF HOURS						

Applicant's Name _____



OBSERVATION HOURS

NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE

Type of Facility: **OUTPATIENT**

Signature of Supervisor: to include BOTH printed name with credentials & signature

Work Experience: See 'Instructions for Application

Name of Facility	Date	Time		Total # Hours	SIGNATURE OF SUPERVISOR	
					1) Printed name w/ credentials	2) Signature
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
TOTAL # OF HOURS						

Applicant's Name _____



OBSERVATION HOURS

NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE

Type of Facility: **LONG TERM CARE**

(Includes nursing homes, nursing facilities, and skilled nursing facilities)

Signature of Supervisor: to include BOTH printed name with credentials & signature

Work Experience: See 'Instructions for Application'

Name of Facility	Date	Time		Total # Hours	SIGNATURE OF SUPERVISOR	
					1) Printed name w/ credentials	2) Signature
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
TOTAL # OF HOURS						

Applicant's Name _____



OBSERVATION HOURS

NOTE: ONLY ONE TYPE OF PHYSICAL THERAPY FACILITY PER PAGE

Type of Facility: **OTHER**

(Includes hippotherapy, aquatics, pediatrics, and home health care)

Signature of Supervisor: to include BOTH printed name with credentials & signature

Work Experience: See 'Instructions for Application'

Name of Facility	Date	Time		Total # Hours	SIGNATURE OF SUPERVISOR	
					1) Printed name w/ credentials	2) Signature
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
			to		1)	
			to		2)	
TOTAL # OF HOURS						

Applicant's Name _____