



## Physical Therapy Observation Hours

### VERIFICATION FORM

Campbell University requires a licensed physical therapist (PT) to verify your physical therapy experiences. You are required to complete a minimum of fifty (50) observation hours across at least two physical therapy specialty areas. At the conclusion of your experience, please select the PT who supervised you during each experience who can best verify your hours. Type or neatly handwrite your information directly onto this form. Deliver the form to the appropriate PT for signature. **PLEASE COMPLETE A SEPARATE FORM FOR INSTITUTION WHERE YOU ACCUMULATE HOURS.** Once you have completed the form, please attach it to your Campbell University online application.

NOTE: If there are any changes to your PT experience after this form is signed, a PT must sign a new form to verify your revised hours.

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

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

Street Address for Facility: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_

State: \_\_\_\_\_

Name of Physical Therapist: \_\_\_\_\_ License #: \_\_\_\_\_

PT Email: \_\_\_\_\_ PT Phone #: \_\_\_\_\_

Applicant also requested PT to submit reference?  Yes  No

Type of Experience:  Inpatient  Outpatient //  Paid  Volunteer  Both

#### PT Settings:

D Acute Care

D Outpatient Clinic (Private Practice)

D Rehab/Sub Acute Rehab

D School/Pre-school

D Extended Care Facility /Nursing Home/Skilled Nursing Facility

D Wellness/Prevention/Fitness

D Industrial/Occupational Health

D Other (describe): \_\_\_\_\_

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

D Cardiovascular & Pulmonary Hrs: \_\_\_\_\_ D Orthopaedic Hrs: \_\_\_\_\_

D Clinical Electrophysiology Hrs: \_\_\_\_\_ D Pediatrics Hrs: \_\_\_\_\_

D Geriatrics Hrs: \_\_\_\_\_ D Sports Hrs: \_\_\_\_\_

D Neurology Hrs: \_\_\_\_\_ D Women's Health Hrs: \_\_\_\_\_

D Other (describe): \_\_\_\_\_ Hrs: \_\_\_\_\_

Total # of Hours: \_\_\_\_\_

Start Date: \_\_\_\_\_

End Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PHYSICAL THERAPIST

\_\_\_\_\_  
DATE