

LEBANON VALLEY COLLEGE

Department of Physical Therapy

Doctor of Physical Therapy: Documentation of Clinical Hours Form

To Be Completed By Student

Instructions: Complete this section prior to giving to your supervising physical therapist where you completed your clinical hours. Hours may be volunteer or through employment. All clinical hours must be documented on this form and submitted to Admissions at the time of application to the program. **Pre-Admission observation requirements:** A total of 30 hours direct observation of the physical therapy profession in ***two different*** experiences (at least 15 hours at each site).

Name	Experience: Circle one of the following experiences/settings Out-patient Acute Care Sports PT Industrial PT Pediatrics Extended Care/Nursing Facility Home Health Rehabilitation Hospital School-based PT	
Home Address		
City	State	Zip
Home Phone	Advisor Name (N/A for prospective students)	

Name of PT Facility		
Address		
City	State	Zip
Check the appropriate selection	_____ Volunteer	_____ Employee
Observational experience		

To Be Completed By Supervisor

Thank you for allowing our student the observational experience provided.

Instructions: Please verify the facility information above and complete the information below.

The student named above completed _____ hours of observational experience between the dates of _____ & _____.
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Name (please print)	Date:
Position:	Phone Number:
Signature	E-mail