

DOCUMENTATION OF CLINICAL HOURS FORM

LEBANON VALLEY COLLEGE Department of Physical Therapy

TO BE COMPLETED BY STUDENT

Instructions: Complete this section prior to giving it 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 the Office of Admission at the time of application to the program. Pre-admission observation requirements: a total of 30 hours of observation.

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