



# Doctor of Physical Therapy Program

Department of Physical Therapy

1320 W. Lombard Street

Davenport, IA 52804

563/333-6403

[pt@sau.edu](mailto:pt@sau.edu) x [www.sau.edu/pt](http://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 practice settings as noted. PTA observation cannot be included.

Facility Name W

Address W

Phone W

Name(s) of physical therapist(s) observed

### Other Inpatient

: hours =

### Specialty Area

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

### Outpatient

Freestanding 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 \_\_\_\_\_