Physical Therapy Observation Hours

VERIFICATION FORM: Extra

Form is only intended for use by individuals who need a PT signature for a future admissions cycle

Some programs require a licensed physical therapist (PT) to verify your physical therapy experiences. If required, select the PT who supervised you during each experience and can best verify your hours. Type or neatly handwrite your information directly onto this form. Leave the PTCAS ID number blank. Deliver the form to the appropriate PT for signature. Once you are ready to apply via PTCAS, you MUST key enter all of your PT experiences on the PTCAS web application exactly as they appear on this signed form. Select the "paper" verification type. Print and attach the new (bar-coded) PTCAS verification form to this "old" signed form. The PT does not need to sign the new PTCAS form, if there are no changes. Send both forms to PTCAS in a single envelope. 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: ______________________________ **PTCAS ID#:**______________

Name of Facility: ______________________________

Street Address for Facility: ______________________________

City: ______________________ **State:** __ __ **Zip/ Postal Code:** ______________

Country: ______________________

Name of Physical Therapist: ______________________________

PT License Number: ______________ **State of PT License:** __ __

Instructions to physical therapist: You must enter your PT licensure information above.

PT Email: ______________________________ **PT Phone #:**_______ __________

Applicant also requested PT to submit reference? ☐ Yes ☐ No

Type of Experience: ☐ Inpatient ☐ Outpatient // ☐ Paid ☐ Volunteer ☐ Both

PT Settings:

- ☐ Acute Care
- ☐ Rehab/Sub Acute Rehab
- ☐ Extended Care Facility /Nursing Home/Skilled Nursing Facility
- ☐ Outpatient Clinic (Private Practice)
- ☐ School/Pre-school
- ☐ Wellness/Prevention/Fitness
- ☐ Industrial/Occupational Health
- ☐ Other (describe): ______________________________

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

- ☐ Cardiovascular & Pulmonary Hrs: ________
- ☐ Clinical Electrophysiology Hrs: ________
- ☐ Geriatrics Hrs: ________
- ☐ Neurology Hrs: ________
- ☐ Orthopaedics Hrs: ________
- ☐ Pediatrics Hrs: ________
- ☐ Sports Hrs: ________
- ☐ Women's Health Hrs: ________
- ☐ Other (describe): ______________________________ Hrs: ________

Total # of Hours Over Span of Experience: __________

Start Date: ______________________ **End Date**: ______________________

______________________________________ ______________

SIGNATURE OF PHYSICAL THERAPIST *DATE*