

Observation Tracking Form

Physical Therapy Department

Date: _____

Student name: _____

Total number of hours observed: _____ **Date(s) observed:** _____

Setting(s) where observed: _____

PT facility: _____

PT facility address: _____

City: _____ **State:** _____ **Zip code:** _____

PT facility phone: _____ **PT facility fax:** _____

Name of physical therapist: _____

Signature of physical therapist: _____

Physical therapist's license #: _____

Requirements

10 hours prior to matriculation

30 additional hours prior to beginning professional phase

40 hours total

Observation hours must be completed in at least two different settings. These may include: outpatient orthopedics, hospital (acute or acute rehab), nursing home, school-based pediatrics, and home care.

Please mail form to:

Department of Physical Therapy
Nazareth College
4245 East Avenue
Rochester, NY 14618

or fax to: 585-389-2908