



## PHYSICAL THERAPY CLINICAL OBSERVATION FORM

Walsh University's physical therapy program requires the applicant to observe physical therapy patient care under the supervision of a physical therapist in **3** different settings, e.g., inpatient acute care, inpatient rehabilitation, outpatient, pediatrics, home health, SNF, specialty clinic and so forth.

- We require a total of 24 observation hours for all 3 patient care settings with a minimum of 8 hours in any given setting. For example, 8 hours each setting or 6 hours, 8 hours, 10 hours.
- The applicant may observe in two different patient care settings, if available, within the same facility, e.g., inpatient acute care and outpatient. The applicant must, in such an instance, submit an observation form for each setting indicating the supervising physical therapist.
- Applicants employed in a physical therapy service in direct patient care, i.e., aide or technician, must observe in two other patient care settings in a different facility or facilities.
- **Use only one form per setting—please photocopy the number of forms needed.**

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### Applicant to complete:

Applicant: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last Name First M.I.

Facility Name: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Type of Physical Therapy Service: \_\_\_\_\_

Dates of Clinical Observation: \_\_\_\_\_ Hours Observed: \_\_\_\_\_

*I observed or participated in the following patient care activities:*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Supervising Physical Therapist to complete:

*I certify that the above individual completed an observation experience as noted at our facility.*

\_\_\_\_\_  
Supervising Physical Therapist Date: \_\_\_\_\_

***Thank you for your time and input in this process.***