



CLINICAL OBSERVATION VERIFICATION FORM

Trine University

Doctor of Physical Therapy (DPT) Program

A minimum of forty (40) hours of observation of physical therapy patient care, under the supervision of a licensed physical therapist, is a requirement for application to the Trine University DPT program. Observation hours may be completed at a facility in which you have paid employment if it is direct patient care (not administrative). This form is not valid without the signature of the supervising physical therapist.

INSTRUCTIONS:

1. The student completes section 1 of this form.
2. The supervising PT is asked to complete section 2 of this form and return it to the student.
3. Graduate applicants submit an application for admission to the Trine University DPT program via PTCAS and upload this form to PTCAS as part of the admissions process.
4. Direct Admit students send this form to the Trine University DPT program at dpt@trine.edu.
 - a. The year in which you are seeking admittance into the DPT program: _____

Section 1: To Be Completed by the Student

Applicant Name _____

Facility Name _____

Facility Address _____

City, ST Zip Code _____

Observation Hours _____ Acute Care _____ Rehab/Sub Acute Rehab
(Indicate the number of _____ Extended Care Facility/Nursing Facility _____ School/Pre-School
hours in each setting) _____ Industrial/Occupational Health _____ Wellness/Prevention/Fitness
_____ Outpatient Clinic _____ Other

I have observed the following activities related to the practice of physical therapy:

Section 2: To be completed by the supervising Physical Therapist:

I hereby verify that the above information is true and accurate.

Supervising PT Signature _____ Date: _____

Print Name _____

Supervising PT Phone _____ License Number: _____