

Applicant Name: _____

Physical Therapy Observation Form

Setting: **ACUTE**

Must have minimum of 20 hours in this setting.

(examples include inpatient hospital, Long-term Acute Care (LTAC), Med/Surg, ICU, PICU, MICU, CVICU)

Name of Facility	Date	Time In	Time Out	Total Hours	Printed Clinician Name	Clinician Signature
Total hours in ACUTE setting:						

Applicant Name: _____

Physical Therapy Observation Form
 Setting: **Inpatient Rehab Hospital**
 (example includes a Rehabilitation Hospital)

Name of Facility	Date	Time In	Time Out	Total Hours	Printed Clinician Name	Clinician Signature
Total hours in Inpatient Rehab Hospital setting:						

Applicant Name: _____

Physical Therapy Observation Form

Setting: **Outpatient**

(examples include free-standing outpatient clinic or hospital outpatient physical therapy center)

Name of Facility	Date	Time In	Time Out	Total Hours	Printed Clinician Name	Clinician Signature
Total hours in Outpatient setting:						

Applicant Name: _____

Physical Therapy Observation Form
 Setting: **Home Health**
 (example includes home health physical therapy)

Name of Facility	Date	Time In	Time Out	Total Hours	Printed Clinician Name	Clinician Signature
Total hours in Home Health setting:						

Applicant Name: _____

Physical Therapy Observation Form

Setting: **Skilled Nursing Facility (SNF) or Long-term Care (LTC)**

(examples include nursing homes and SNF rehab)

Name of Facility	Date	Time In	Time Out	Total Hours	Printed Clinician Name	Clinician Signature
Total hours in SNF/LTC setting:						

Applicant Name: _____

Physical Therapy Observation Form

Setting: **Pediatric School**

(example includes physical therapy provided on K-12 school campuses)

Name of Facility	Date	Time In	Time Out	Total Hours	Printed Clinician Name	Clinician Signature
Total hours in Pediatric School setting:						