Physical Therapy (PT) Observation Hours Applicant Authorization Form

Applicant Name *

First Name

Last Name

Applicant Address *

Street Address

Street Address Line 2

City

State / Province

Postal Code / Zip Code

Under the Federal Rights and Privacy Act of 1974 as amended (P.L. 93-380) students are entitled to review their records. It is the student's option to waive their rights to access their forms or decline to do so. The University does not require that you make such a waiver as a condition of admission.

Check One: *

- ◯ I waive my right of access to the Physical Therapy Observation Hours form.
- ◯ I do NOT waive my right of access to the Physical Therapy Observation Hours form.

I authorize the following person to complete the Physical Therapy Observation Hours form. *

First Name

Last Name

Applicant Email Address *

Applicant Signature *

Physical Therapy (PT) Observation Hours

Applicant Name *

First Name

Last Name

Applicant Email *

Email Address

The above applicant to the Physical Therapy Program at UC indicated that they either worked or volunteered in a Physical Therapy setting at your facility.

Please complete the following information and return the completed form to the applicant.

Form Completion Date *

Facility Name *

Facility Address *

Street Address

Street Address 2

City

State / Province

Postal Code / Zip Code

Select whether the applicant was a volunteer or employee: *

- (●) Volunteer
- ( ) Employee

If applicant was an employee, what was their title?

Dates of Observation: *

Total Hours Observed: *

Observation occured in what type of setting: *

- ☐ Inpatient
- ☐ Outpatient

Briefly describe the applicant's duties while an employee/volunteer at your facility: *

Was the applicant puntual and dependable? *

- ◯ Yes
- ◯ No

If you answered NO to "Was the applicant punctual and dependable?", please elaborate in a separate letter.

Facility Representative Name: *

First Name

Last Name

Facility Representative Signature *

Phone Number *

Please enter a valid phone number.