



# 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. 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. The applicant submits an application for admission to the Trine University DPT program.
4. The applicant sends this form by mail or email to the Trine University DPT program.

### Mailing Address:

Office of Admissions (Attention DPT)  
 Trine University  
 One University Avenue  
 Angola, Indiana 46703

### Email Address:

admit@trine.edu

## 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 hours in each setting)*  Extended Care Facility/Nursing Facility  School/Pre-School  
 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: \_\_\_\_\_