

SCHOOL OF ALLIED HEALTH PROFESSIONS

LOMA LINDA UNIVERSITY
SCHOOL OF ALLIED HEALTH PROFESSIONS
Department of Physical Therapy

Observation Hours/Work Experience Verification Form

Please Fill in the Appropriate Information and Return Form with Your Application

Student Signature

Date

Print Student Name

I have completed _____ hours (minimum of 80 hours) of work experience (volunteer or employment) in the Physical Therapy Department at

Facility

Address

Phone

Immediate Supervisor

Dates

Supervisor's Signature

I plan to complete _____ hours (minimum of 80 hours) of work experience (volunteer or employment) in the Physical Therapy Department at

Facility

Address

Phone

Chief Physical Therapist

Dates

It is expected that the above requirement will be met before the Admissions Committee acts on your application. Twenty (20) of the eighty (80) hours must occur at an *Inpatient* facility such as a hospital or skilled nursing facility.

alliedhealth.llu.edu