

OBSERVATIONAL EXPERIENCE

Louisiana Christian University School of Nursing and Allied Health

Associate of Physical Therapist Assistant Program

Name: _____

1. Indicate the physical therapist(s) that will be completing the *Clinical Observation Form(s)*. Forms are to be completed only by licensed physical therapists with whom more than thirty hours of clinical observations were completed (paid or volunteer). NOTE: **Only one (1) therapist at each facility may complete a form.**

A. _____

Facility	Name of physical therapist	Street Address
_____	_____	_____
_____	_____	_____
City	State Zip	From _____ to _____ Mo/Yr Mo/Yr Hrs/week Total Hours at facility

B. _____

Facility	Name of physical therapist	Street Address
_____	_____	_____
_____	_____	_____
City	State Zip	From _____ to _____ Mo/Yr Mo/Yr Hrs/week Total Hours at facility

C. _____

Facility	Name of physical therapist	Street Address
_____	_____	_____
_____	_____	_____
City	State Zip	From _____ to _____ Mo/Yr Mo/Yr Hrs/week Total Hours at facility

2. If an application has been submitted to the Louisiana Christian University Physical Therapist Assistant Program in the past, list experience that was documented previously (and do not include in total hours above):

A. _____

Facility	Name of physical therapist	Total Hours at facility (exclude those listed above)
_____	_____	_____

B. _____

Facility	Name of physical therapist	Total Hours at facility (exclude those listed above)
_____	_____	_____

C. _____

Facility	Name of physical therapist	Total Hours at facility (exclude those listed above)
_____	_____	_____

3. On a separate page (8 ½ x 11"), indicate any other specific experiences you believe are relevant but are not included above (e.g. less than thirty hours of physical therapy. experience, observation in another hospital department, work at a camp, etc.).

4. Have you been employed during a semester in which you were enrolled in college (other than during vacations/breaks)?

[] Yes [] No If yes, indicate the semester(s), place(s) of employment, and approximate number of hours per week.

Name: _____

5. Have you ever been suspended or dismissed from any college or university for scholastic or disciplinary reasons?
[] Yes [] No If yes, give the name of the institution, date, and reason for this action:

6. Have you been a student at any time during the last twelve months? [] Yes [] No If yes, list school, college or university:

7. If you have ever been granted amnesty at any college or university, give the date and the institution that granted amnesty.

Date Institution

8. If you have ever claimed academic bankruptcy at any college or university, give the date and the institution that granted academic bankruptcy.

Date Institution

9. Telephone numbers: Current day (_____) _____ Evening (_____) _____

10. E-mail Address: _____ FAX: _____

Signature of Applicant Date