Nazareth COLLEGE | School of Health and Human Services

Physical Therapy Department
4245 East Avenue
Rochester, NY 14618

585-389-2900 *phone*
585-389-2908 *fax*
www.naz.edu

Physical Therapy Observation Tracking Form

Please print

Date: _____

Student Name: _____

Total number of hours observed: _____ Date(s) observed: _____

Setting(s) where observed: _____

PT Facility: _____

PT Facility Address: _____

City: _____ State: _____ Zip Code: _____

PT Facility phone: _____ PT Facility Fax: _____

Name of Physical Therapist: _____

Signature of Physical Therapist: _____

Physical Therapist's License #: _____

Requirements = 10 hours prior to matriculation
30 additional hours prior to beginning professional phase
40 hours total*

* Observation hours must be completed in two different settings. These may include: outpatient orthopedics, hospital (acute or acute rehab), nursing home, school based pediatrics, and home care.

PLEASE SUBMIT FORM TO ADDRESS OR FAX ABOVE