Northern Illinois University – Physical Therapy Program
Observation Hours/Work Hours Documentation Form

Observation Hours Policy:

Applicants to NIU’s DPT Program are required to document, and have a licensed physical therapist verify, a minimum of 50 hours of clinical observation and/or clinical work under a licensed physical therapist. The minimum of 50 hours of clinical observation and/or clinical work under a physical therapist must be performed in at least two different physical therapy settings with a minimum of 15 hours coming from each of the settings.

Example: 30 observation hours in an Outpatient Orthopedic setting and 20 hours in an Acute Care setting.

Instructions:

• Separate observation forms should be utilized for each setting you observed in even if those settings are within the same health care system.
• Refer to above policy for observation requirement guidelines.
• Observation/Work hours must have been completed within four years of application to the NIU DPT program.
• Fill out the form completely and ask the licensed physical therapist who supervised your observations or work to review and sign.
• Return this form to the address listed below.

Name of Applicant: _____________________________________________
Name of Facility: ______________________________________________________
Full Address of Facility: _______________________________________________________________________________________________________________
Name of Physical Therapist: _______________________________________________
Number of Hours Observed/Worked: ______________________________
Experience Type/Dates:    □ Inpatient    □ Outpatient   //    □ Paid    □ Volunteer    □ Both   Dates of Experience: _____________________________
Experience Setting:   □ Acute Care    □ Home Health    □ Occupational Health    □ Outpatient Orthopedics    □ Inpatient Rehabilitation
□ Outpatient Pediatrics    □ School    □ Skilled Nursing Facility    □ Wellness/Prevention/Fitness    □ Other (Describe)  _____________________

I verify that the above information accurately represents this applicant’s experience with me at this facility.

Signature of Physical Therapist: _____________________________________________ Date: _____________________________
PT License Number/State: _____________________________ Phone Number: _____________________________ Email: _____________________________

Return Form To:  
DPT Admissions Committee – Physical Therapy Program - Northern Illinois University, DeKalb, Illinois, 60115