

DOCUMENTATION OF OBSERVATION HOURS

To the Candidate for Admission:

Please print your name and address here:

Name: _____

Address: _____

Under the Federal Education Rights and Privacy Act of 1974 as amended (P.L. 93-380) students are entitled to review their records. It is the student's option to waive their rights to access their forms or decline to do so. The University does not require that you make such a waiver as a condition of admission.

I hereby authorize _____ to complete this form.

- Check one: I waive my right of access to this form.
 I do not waive my right of access to this form.

Applicant's Signature: _____ Date: _____

Give this page to the person verifying your observation hours.

The above applicant to the Physical Therapy Program at UC and has indicated that he/she has either worked or volunteered in a **physical therapy setting** at your facility. Please complete the following information and return the form to the applicant in a sealed envelope with your signature across the seal OR email the form to rehabsci@ucmail.uc.edu:

Facility Name _____

Today's date _____

Address: _____

Applicant was: a volunteer an employee

If applicant was an employee, what was his/her title? _____

Applicant started observing on _____ through _____, for a total of _____ hours, in an inpatient / outpatient physical therapy clinic.

Briefly describe the applicant's duties while an employee/volunteer at your facility.

Was the applicant punctual and dependable? Yes No*

Did the applicant conduct himself or herself in an appropriate, professional manner? Yes No*

If you answered NO to either of the above questions, please elaborate in a separate letter.

Signature _____

Title _____

Phone Number _____