

**GUIDELINES AND PROCEDURES FOR
REQUIRED CLINICAL OBSERVATION HOURS**

The Doctor of Physical Therapy (DPT) Program at Lincoln Memorial University (LMU) requires all applicants to the Professional Phase to complete a minimum of sixty (60) hours of experience in a physical therapy practice setting prior to admission to Professional Phase.

- Twenty (20) hours must be completed in an in-patient hospital or long-term/extended care facility.
- Twenty (20) hours must be completed in an outpatient orthopedic setting.
- Twenty (20) hours may be completed in student's choice of PT clinic(s) or setting(s).

Hours may be completed as a volunteer, during an experiential opportunity for course credit, or through employment (i.e. PT aide or rehab tech). This experience **must be completed under the direct supervision of a licensed physical therapist.**

Hours completed prior to enrollment will be accepted for admission to the Professional Phase if: (1) they have been completed under the direct supervision of a licensed physical therapist and (2) the supervising therapist certifies in writing the number of hours completed and in which type of setting. If a student is unable to obtain the signature of the supervising licensed physical therapist under which observation was completed, they will indicate this on the Clinical Observation Verification form and **MUST** provide the following to allow program staff to verify the hours:

- Name of the clinician
- Address AND phone number of the clinic

If program staff are unable to verify the hours related to an experience, they will not be accepted. Additionally, if the hours do not represent the required diversity of settings, they will not be accepted.

The purpose of the student experience requirement is to introduce the student to the diversity within the practice of PT and the day-to-day responsibilities of a physical therapist. It is anticipated this experience will give the student a realistic view of the profession; that the experience will either confirm the student's commitment to pursuing a PT degree or lead the student to the realization that his or her true abilities and interests lie in another field of study.

In keeping with the law of Tennessee, it is the position of the Physical Therapy Program that volunteers are not to participate in providing therapy treatments while on clinical observation experiences.

Clinical Observation Verification Form*

Date	Setting: OP/IP/MISC	Hours	Clinic Name	Address (street, city, state, zip)	Phone #	Supervising Clinician Name (Please print legibly)	Clinician Signature

**Please add rows and/or attach additional sheets if necessary.*

I certify that all information and hours included on this form are correct and have been completed under the supervision of a licensed physical therapist.

Student Signature

Date

Print Name