



LYNCHBURG  
COLLEGE EST. 1903

DOCTOR OF PHYSICAL THERAPY PROGRAM  
VERIFICATION OF PHYSICAL THERAPIST OBSERVATION

Student Name \_\_\_\_\_

Each applicant to the Lynchburg College Doctor of Physical Therapy (DPT) program must submit documentation verifying their observance of at least 40 hours of a licensed physical therapist in practice. All experiences must be supervised by a licensed physical therapist.

Please use separate forms to submit evidence for experience at multiple facilities.

**Student Instructions:** *The top portion of this form is to be completed by the student and then given to the supervising physical therapist. It is to be returned directly by the supervising physical therapist to Lynchburg College. DO NOT ENCLOSE THIS FORM WITH THE DPT APPLICATION!*

\_\_\_\_\_  
Facility Name and Address

Dates of Observation: From \_\_\_/\_\_\_/20\_\_\_ to \_\_\_/\_\_\_/20\_\_\_

.....  
**Supervising Physical Therapist:** *Please document, sign, and mail this form directly to:  
Lynchburg College; Office of Enrollment Services; 1501 Lakeside Dr.; Lynchburg, VA 24501*

The number of hours this applicant observed physical therapy practice under the supervision of a licensed physical therapist: \_\_\_\_\_hours

Please indicate if you would recommend this student to enter the profession as a Physical Therapist:

Recommend without reservation       Recommend with reservations       Would not recommend

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this form, I hereby attest that the student whose name appears on this form spent the specified number of hours in observation of physical therapy practice under the supervision of a licensed physical therapist.

\_\_\_\_\_  
*Supervising Physical Therapist signature*      \_\_\_/\_\_\_/20\_\_\_  
*Date signed*

\_\_\_\_\_  
Printed Name and Physical Therapist License Information of Supervising Physical Therapist

( ) - \_\_\_\_\_  
Telephone (used only if we have questions)