Creighton University Admission
Doctor of Physical Therapy Program
Documentation of Volunteer Observation Hours

This form is used to document the total number of observation hours acquired by the physical therapy student applicant. Applicants are encouraged to observe the practice of physical therapy in a variety of health care settings. It is strongly encouraged that observation hours be accumulated from more than one facility. The purpose of this requirement is for the applicant to gain a greater appreciation for the practice of physical therapy, and at the same time facilitate their decision to pursue a degree in this profession. Your time is greatly appreciated in providing this valuable learning opportunity.

Upon completion, please return this form to:

Creighton University
School of Pharmacy and Health Professions
Office of Admission
2500 California Plaza, Criss III Room 151
Omaha, Nebraska 68178

1. Name of Applicant: ________________________________________________________
2. Signature of Applicant: ________________________________________________________
3. Name of Facility: ________________________________________________________
4. Address of Facility: ________________________________________________________
5. Total hours applicant spent in your facility: ________________________________________
6. If applicant was/is employed in your facility, please note the number of months/years as an employee: ____________________________________________

Additional Comments: ________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Name of Physical Therapist: ____________________________________________________
Signature of Physical Therapist: ________________________________________________
Date: ________________________________________________________________________