

SCHOOL OF ALLIED HEALTH PROFESSIONS
Department of Physical Therapy

Observation Hours/Work Experience Verification Form

Please fill in the appropriate information and return completed form to the
Admissions Office, SAHP, Loma Linda University, Loma Linda CA 92350

Student Signature

Date

Print Student Name

I have completed _____ hours (minimum of 80 hours) of work experience (volunteer or employment) in the
Physical Therapy Department at

Facility

Address

Phone

Immediate Supervisor

Dates

Supervisor's Signature

At least twenty (20) of the eighty (80) hours must occur at an
inpatient facility, such as a hospital or skilled nursing facility.