

Department of Physical Therapy  
Part Time Clinical Experience

Clinical Instructor Validation of Experience

**SECTION I: Student to Complete**

**Student:** \_\_\_\_\_

**Clinical Experience Course: PhTh 6800 / 6820 / 6830 / 6850 / 7960**  
(Student - please circle the appropriate course number)

**Fall / Spring / Summer Semester 20\_\_ (Year)**  
(Student - please circle the appropriate semester and year)

**Site Name & Location:**

**Number of Hours Completed:**

**SECTION II: Clinical Instructor to Complete**

**Clinical Instructor:** Please verify the number of hours the student has completed at your site.

The student named has completed the above indicated hours of part time clinical experience.

\_\_\_\_\_  
CI Signature

**CI –**

***Thank you for the time and effort spent in support of student education! The time spent with you in transferring knowledge, attitudes and skills to the clinical environment is the most essential and valuable portion of the curriculum. Thank you again for educating the next generation of therapists!***  
**- Dept of PT Faculty**