



Zuckerberg College of Health Sciences
Department of Physical Therapy & Kinesiology
113 Wilder Street, Suite 300
Lowell, Massachusetts 01854-5124
tel.: 978.934.4517

web site: <http://www.uml.edu/health-sciences/PT/>

Clinical Observation Form

This is to certify that _____ has
completed _____ hours of volunteer or paid (*please circle one*) experience in physical
therapy at _____
from _____ (date) to _____ (date).

Signature

Title/Position

Phone/email address

Please submit the completed form with your application.