Harper College

Health Careers Division

1200 West Algonquin Road
Palatine, Illinois 60067

847.925.6533
847.925.6047 fax

Thank you for allowing our potential students to complete observation hours at your facility.
Please have the student complete the spreadsheet below with their hours. When the student has completed their hours, please confirm their completion with your signature below.

Location:_____

Type of Facility:_____

Name of Therapist:_____

Therapist License #:_____

Document your hours below:

Date	Time	Total # of Hours	Signature of Therapist

Upon completion of hours, therapist must complete the verification below.

I, _____, confirm that _____ has completed a total of _____ hours of physical therapy observation at our location.

_____ _____

Signature Date