

# APPLICATION CLINICAL OBSERVATION EXPERIENCE

Complete the form if you are interested in participating in MOTION PT Group's Clinical Observation Experience.

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## DEMOGRAPHIC

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_ Telephone \_\_\_\_\_

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Emergency Contact

Name \_\_\_\_\_ Telephone \_\_\_\_\_

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## EDUCATION / EMPLOYMENT

Highest level of education completed \_\_\_\_\_ Most recent GPA \_\_\_\_\_

Current education program \_\_\_\_\_ Current school name \_\_\_\_\_

Are you currently working? If so, please indicate you schedule \_\_\_\_\_

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## ABOUT YOU

Why would you like to participate in the Clinical Observation Program at MOTION PT Group?

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What do you hope to gain by participating in the program?

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Please list any languages, other than English, in which you are fluent.

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## PLACEMENT PREFERENCES

Please list (up to 3) locations you are interested in placement & mark your availability for the observation.  
Our locations can be found at [www.motionptg.com](http://www.motionptg.com)

1.	_____	2.	_____	3.	_____
Discipline:	Physical Therapy	Occupational Therapy	Speech Therapy		
Availability:	Mon	Tue	Wed	Thu	Fri

Do you have specific observation hour requirements for a school program?

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## REFERENCES

Please provide two references that we may contact

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact information (email, phone) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Contact information (email, phone) \_\_\_\_\_

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Please submit completed application form to [studentprogram@motionptg.com](mailto:studentprogram@motionptg.com)