

APPLICATION CLINICAL OBSERVATION EXPERIENCE

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

DEMOGRAPHIC

Name _____ Date of Birth _____

Address _____

Email _____ Telephone _____

Emergency Contact

Name _____ Telephone _____

EDUCATION / EMPLOYMENT

Highest level of education completed _____ Most recent GPA _____

Current education program _____ Current school name _____

Are you currently working? If so, please indicate your schedule _____

ABOUT YOU

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

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

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

1.	_____	2.	_____	3.	_____
Discipline:	<input type="text" value="Physical Therapy"/>	<input type="text" value="Occupational Therapy"/>	<input type="text" value="Speech Therapy"/>		
Availability:	Mon	Tue	Wed	Thu	Fri

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

REFERENCES

Please provide two references that we may contact

Name	_____	Relationship	_____
Contact information (email, phone)	_____		
Name	_____	Relationship	_____
Contact information (email, phone)	_____		

Please submit completed application form to studentprogram@motionptg.com