



Date:

**Physical Therapy Services
Practicum Student Application**

Applications are due Friday of week 7 in the preceding term.

Return to the PT Services Manager (clodagh@uoregon.edu) or drop off in person at the PT Services reception on third floor of University Health Services.

Name:

UO ID:

Phone:

Email Address:

Major:

Anticipated Graduation Date:

What are you hoping to gain from a practicum experience within Physical Therapy Services?

Please describe any experience you have had with physical therapy and/or sports medicine either as a volunteer or as a patient. Please include the length of your experience(s).

What courses have you taken that will help you to relate to your practicum?

Note: You must have completed HPHY 321, 322, 323, and 324 to be eligible for consideration.

PT Services Use:

Interview Date/Time: _____