

# LOUISIANA PHYSICAL THERAPY BOARD

## CLINICAL DOCUMENTATION FORM

The following documentation represents that I \_\_\_\_\_  
(Name)

Provided clinical instruction for \_\_\_\_\_  
(Student Name)

Of \_\_\_\_\_  
(University or College Name)

For 40 hours/week, or 20 hours/week, during the time frame from \_\_\_\_\_  
(Date)

To \_\_\_\_\_; for a total of \_\_\_\_\_ hours.  
(Date)

Must be signed by two of the following:

\_\_\_\_\_  
(Clinical Instructor/Date)

\_\_\_\_\_  
(Student/Date)

\_\_\_\_\_  
(Center Coordinator Clinical Education/Date)

\_\_\_\_\_  
(Academic Coordinator Clinical Education/Date)

**Per rule 195.4b: One credit hour is earned per 120 hours of clinical instruction during the renewal period.**