

Observation Hours Application Form

Thank you for your interest in observing at Summit Rehab. Please complete this application form and submit it to cam.ballif@summitrehab.org. If you have any questions, please do not hesitate to reach out

Personal Information

Name: _____ Email Address: _____

Phone Number: _____ School/University: _____

Year in School (e.g., Sophomore, Senior): _____

Major/Field of Study: _____

Are Observation Hours Required for Program? Yes No

If yes, how many hours are required? _____

Observation Preferences

Preferred Discipline: Physical Therapy Occupational Therapy Both

Preferred Clinic Location (Please Rank 1-5, 1 Being Most Preferred):

Downtown Spokane - 407 E 2nd Ave, Suite #100 _____

Spokane Valley – 8815 E Mission Ave, Suite A _____

North Spokane – 9911 N Nevada St, Suite A _____

5 Mile – 822 W Francis Ave _____

Airway Heights – 11919 W Sunset Highway, Suite A _____

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Downtown Spokane: 509.455.6002
Spokane Valley: 509.444.5678
Northside: 509.960.7340
Five Mile: 509.385.0900
Airway Heights: 509.356.5200

www.summitrehab.org

Dates Available: _____

Daily Availability

Day	Times Available (e.g., 11:00 AM to 3:30 PM)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Additional Information

Agreement & Signature

By signing this application, I confirm that the information provided is accurate. I understand that submitting this application does not guarantee placement for observation hours. I agree to adhere to all clinic policies and professional conduct standards.

Signature: _____

Date: _____

Please send completed application form to cam.ballif@summitrehab.org