**PM&R Observation Scheduling Questions**

Please read and answer all items in their entirety

1. **Which discipline are you interested in observing in the outpatient clinic: Occupational Therapy, Physical Therapy, or Speech Therapy?** \*NO inpatient or NICU observations – applies to ALL locations. Any exceptions needs approval by the respective managers. Exceptions include:

* If the observer is already a licensed therapist and part of IDS or if is a licensed therapist BUT outside of TCH. An outside therapist MUST provide extra documentation stating their reasons for observing at TCH. If the observer is part of an approved program with a sponsor.

1. **How many hours do you need? (Up to 20 hours allowed per calendar year)**
2. **What is your availability?** Please note your application may take up to 4 weeks to be cleared from “completed status”. Therefore, it is recommended that all materials be received no later than 8 weeks *prior* to your projected start date if you would like the opportunity to resolve any issues that arise during the verification period.

* Outpatient clinic hours are available Monday – Friday 8:00am-5:00pm and availability will be dependent upon the location & therapist.
* Once assigned to a location, you have up to 2 weeks to complete your requested observation hours (up to 20 hours) to allow other students an observation opportunity.

**Date Range:**

**Month(s) Requested:**

(If no specific date range)

1. **Which location would you prefer?** Check under the Locations & Availability on our [website](https://www.texaschildrens.org/departments/physical-medicine-and-rehabilitation/observation-health-professionals) to see current status. \*NO Medical Center Campus at this time. Any exceptions needs approval by the respective managers. Exceptions include: If the observer is part of an approved program with a sponsor.

**Primary Location:**

**Secondary Location:**

(If primary is not available within your date ranges)

1. **Name, discipline, location and department of therapist/sponsor you are requesting to observe with.** Therapist and manager must approve this prior to sending in application). If none, please write N/A.